



CITY OF MANCHESTER

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# REPORT

ON THE

HEALTH OF THE  
CITY OF MANCHESTER

FOR 1960

BY THE

MEDICAL OFFICER OF HEALTH

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Health Department,  
Town Hall,  
Manchester.

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63476



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HEALTH DEPARTMENT,  
TOWN HALL,  
MANCHESTER, 2.  
16th May, 1961.

MY LORD MAYOR, ALDERMEN AND MEMBERS OF THE CITY COUNCIL.

I have pleasure in presenting my report on the health of the City for the year 1960.

*Statistics*

Graphs, tables and other forms of statistics will be found under the headings to which they refer.

*Population*

The Registrar General estimates the civilian population for 1960 at 665,590, a decrease of 6,710 on 1959 and 37,492 on the census population for 1951.

*Marriages*

The number of marriages registered was 5,952, compared with 5,935 the previous year. The marriage rate was 17·88 as against 17·66.

*Births*

Registered live births numbered 12,595 (6,503 males, 6,092 females), giving a rate of 18·92 per 1,000 population, compared with 18·34 in 1959, an increase of 0·58. The rate for England and Wales was 17·1, an increase of 0·6 on the previous year.

Of the 12,595 births, 11,412 (5,885 males, 5,527 females) were legitimate and 1,183 (618 males, 565 females) were illegitimate, the ratio of illegitimate to legitimate being 1 to 10. The percentage of illegitimate births continued to rise, being 10·37 against 9·29 in 1959, an increase of 1·08.

There were 327 stillbirths (160 males, 167 females), a ratio of 1 registered stillbirth to 39 registered live births. The rate of 25·30 per 1,000 total births was 1·09 higher than that for 1959, which was the lowest ever recorded in the City. The rate for England and Wales was 19·7, a decrease of 1·0.

The percentage of total births in institutions was 58·39.

*Deaths*

The number of deaths allocated to the City was 8,269 (4,154 males, 4,115 females), a ratio to the population of 1 in 80 or a death rate per 1,000 of the population of 12·42 as compared with 12·49 for 1959 and an average of 12·47 for the previous five years. The rate for England and Wales for 1960 was 11·5, a decrease of 0·1.

Deaths from all forms of tuberculosis numbered 83, 4 less than in 1959, but 4 more than 1958, when the lowest figures for the City were recorded. Respiratory tuberculosis accounted for 81 deaths and other forms of tuberculosis for 2 deaths, compared with 80 and 7 respectively in 1959.

There were 1,624 deaths from all forms of cancer as against 1,531 for 1959, an increase of 93. Deaths from cancer of the lung and bronchus, however, decreased by 10, numbering 445 (371 males, 74 females), as against 455 (399 males, 56 females) in 1959.



### *Infant mortality*

Deaths of infants under one year of age registered during 1960 numbered 66, 41 more than 1959 and 50 more than 1958, when the number of 316 was the lowest ever recorded. The rate per 1,000 live births for 1960 was 29.06, 7.71 higher than for 1959, whilst the rate for England and Wales was 21.7, 0.7 lower than for 1959 and the lowest rate recorded in the country.

The number of neo-natal deaths was 237, giving a rate of 18.82 per 1,000 live births. The figures for 1959 were 223 and 18.08. The rate for England and Wales for 1960 was 15.6, a decrease of 0.2.

Peri-natal deaths numbered 530, giving a rate of 41.01 per 1,000 total births (live and still) compared with 498 and 39.40 in 1959.

### *Maternal mortality*

There were 3 deaths from puerperal and post-abortive sepsis during 1960 and 2 from other maternal causes, giving a rate for all maternal deaths of 0.38 per 1,000 total births. This compared with 9 deaths and a rate of 0.95 for 1959 and 0.63 for 1958 and with a rate of 0.31 for England and Wales for 1960.

## **Epidemiology and immunization**

### *Diphtheria*

Again there has been no diphtheria in the City—a five years unbroken record. This is entirely due to immunization. A high level of immunity in the population generally is the only safeguard against any danger created by the insertion of a new focus of infection, for example, the arrival of a case of diphtheria from elsewhere.

The rate of acceptance of immunization is increasing in the City and if this trend goes on the citizens will continue to be free from diphtheria. A new schedule of times of immunization and vaccination has been arranged which will reduce the number of injections and induce, it is hoped, more people to accept protection. The volume of the dose of triple antigen is now available in 0.5 ml. doses instead of 1.0 ml. with clear advantages in relation to comfort.

### *Whooping cough*

The downward trend, which commenced ten years ago, of the incidence of whooping cough continues. The number of deaths in recent years is low. This great improvement is due partly to immunization and partly to the higher efficacy of modern therapeutic measures.

### *Poliomyelitis*

There was no poliomyelitis in the City during the first eight months of the year—there were five cases during the last four months and no deaths. The incidence of this disease was the lowest since 1944.

This is very satisfactory but there should be no complacency about the future—it is quite certain that there will be outbreaks from time to time—unless the population is adequately immunized.

The Department is ready and anxious to provide immunization facilities to meet any demand. A steady, continuing, organized flow is the best way of achieving high immunization figures but any fortuitous opportunity of adding to the number of immunizations is promptly seized.

22,294 people received a primary course of injections but this is very far short of what in all prudence the figure should be.

The Department took part in a Medical Research Council trial of attenuated live poliovirus vaccine. The parents of 51 Manchester children volunteered to co-operate and the grateful thanks of the whole community are due to them for their public spirited action which will certainly help in improving knowledge about protection against poliomyelitis. The results of the trial have not yet been published.

### *Yellow fever*

By arrangement with the Ministry of Health the giving of yellow fever vaccinations became the responsibility of the Health Department on 1st August, 1960 instead of that of the Regional Blood Transfusion Service.

### *Tuberculosis*

The fall in the number of notified cases of tuberculosis has continued, there being 86 fewer respiratory tuberculosis notifications and 4 fewer non-respiratory tuberculosis cases than in the previous year.

### **Infant mortality**

In the Annual Report for 1959 it was reported that the infant mortality rate was up a little. Unfortunately in 1960 it is up a lot. Meanwhile the rate for the whole country has decreased again and has reached a record low level.

The main reason for the different experience of Manchester on the one hand and England and Wales on the other is bad housing in the City—to the evils of which reference has been made by me year after year. Another reason is the inadequate provision of ante-natal and lying-in hospital beds which continues in the City. The provision of maternity facilities is little different from what it was in 1948 when the National Health Service Act, 1946 became operative.

### **Clinic and centres**

The erection of new clinics continued, two new premises being opened to the public. Both are single-storey type of premises, one in Didsbury having a dental unit attached, the other in Moss Side being used as a maternity and child welfare centre only. They replaced centres accommodated in Sunday school premises.

Work commenced on two combined clinics in North Manchester, both two-storey type buildings comprising maternity and child welfare centre and dental unit on the ground floor and a school clinic on the first floor.

### **Mental health**

The Mental Health Act, 1959, which became fully operative on 1st November, 1960, has changed the emphasis for the care of the mentally disordered from care in hospital to care in the community and must necessarily involve the local health authority in a considerable extension and development of its community services in relation to mental health. These developments, which include additional training centres for the subnormal and severely subnormal, day centres and clubs for the mentally ill, and residential accommodation for all categories of the mentally disordered, were embodied in the City Council's proposals for the provision of mental health services under Section 28 of the National Health Service Act, 1946.

## Clean air

The Wythenshawe Smoke Control Order dealing with more than 18,000 premises was made by the City Council in July and subsequently confirmed by the Minister of Housing and Local Government after a public inquiry. 429 householders in the total of more than 16,000, completed forms circulated by an organization from outside the City objecting to the Order, but neither they nor the organization attended the inquiry, where the Order was not opposed.

This will become operative on 1st November, 1961 and is a further step towards the implementation of the City Council's policy to establish smoke control areas progressively throughout the City.

Air pollution from other than smoke continued to require intensive surveillance in respect of processes subject to the control of the Ministry of Housing and Local Government under the Alkali Etc., Works (Regulations) Act. Recurring nuisance from emissions from one works was such that the consent of the Minister for the Corporation to institute proceedings was sought but, having especial regard to the significance of the adoption of "the best practicable means", the application was not successful on this particular occasion.

## Food hygiene

There was a further reduction in the number of notified cases of food poisoning but the need for continued action to ensure cleanliness in the handling or preparation of food remains clear. Formal proceedings were necessary against the proprietors of five catering businesses who were fined by the City Magistrates.

## Housing

After full examination of the unquestionable need to accelerate the clearance of the areas of unfit houses in the City, the Council has approved a programme to deal with 4,000 unfit houses each year.

This rate, without precedent in the Corporation's activities, reflects the urgency demanded by the deplorable housing conditions with more than 58,000 unfit houses remaining to be dealt with. Its fulfilment will be determined by various factors and will extend the resources of the Corporation and require the early availability of land outside the City.

In the approach to the problem 2,330 unfit houses were represented in three clearance areas, compared with 1,393 in 1959. 533 individually unfit, structurally dangerous houses had to be demolished and the families rehoused by the Housing Committee. 954 houses and flats were built by the Corporation and 266 by private builders, compared with 1484 and 240 respectively in 1959.

## Dr. A. M. M. Grierson

It is with great sorrow that I have to refer to the death of the Deputy Medical Officer of Health on 13th April, 1961 after a very short illness.

He was appointed Senior Medical Officer for Housing in 1935 and Deputy Medical Officer of Health in 1947.

He was an able, industrious and efficient officer and a colleague whose integrity and loyalty were of the highest.

He made the preparation and supervision of detail of the Annual Report each year one of his first cares and continually sought opportunities, which became increasingly rare as a result of his systematic scrutiny, of improving the standard of report.

He is much missed in the Department.

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My most grateful thanks are again due to the Chairman and Members of the Health Committee for their continued support and encouragement and to all the members of the staff for their loyal and devoted service to the work of the Department.

I have the honour to be,

My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

CHARLES METCALFE BROWN,

*Medical Officer of Health.*



## HEALTH COMMITTEE

1961-62

CHAIRMAN—Alderman R. E. Thomas, J.P.

DEPUTY CHAIRMAN—Alderman W. Onions, M.B.E., J.P., M.A.

THE LORD MAYOR—Alderman Arthur Donovan, J.P.

Alderman Mrs. Hannah Baldwin, J.P.

„ W. Chadwick, M.B., CH.B.

„ Mrs. Eveline Hill, J.P., M.P.

„ Mrs. Mary Knight

„ F. E. Tylecote, C.B.E., J.P.,

M.D., D.P.H., F.R.C.P.

Councillor C. E. Bedgood

„ Mrs. Nellie Beer, O.B.E., J.P.

„ J. Bowes

„ P. Buckley, M.B., B.CH.,  
B.A.O.

„ K. Collis

„ B. Conlan

„ J. Conway (to 12-5-60)

„ F. J. Dunn (to 3-2-60)

Councillor H. Jenkins

„ T. Lomas

„ H. Pigött, M.B., CH.B.

„ W. Sharp

„ Mrs. Winifred Smith

„ J. Taylor, M.B., CH.B.

„ Miss Lily Thomas, J.P.

„ N. Thompson (from  
25-5-60)

„ Mrs. Elsie A. M. Walmsley  
(from 25-5-60)

„ Mrs. Mabel S. Whittaker,  
C.B.E., J.P.

## SUB-COMMITTEES

The following sub-committees are appointed to carry out certain of the duties referred to the Health Committee; these are shown below. The sub-committees' proceedings are subject to approval by the Health Committee.

### Sanitary

Sanitation and buildings; nuisances; offensive trades; common lodging-houses; houses let-in-lodgings; factories, workplaces and shops; provisions regarding food and drugs; poisons and pharmacy; public conveniences; the granting of certificates of disrepair and reports to owners and tenants under the Rent Act, 1957; the Clean Air Act, 1956; the Rag Flock and Other Filling Materials Act, 1951; the Shops Act, 1950, and the Young Persons (Employment) Act, 1938; hairdressers registration; food hawkers and persons trading in food on open sites; and all questions relating to the management and administration of the Sanitary Services Division with the exception of those relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

### Maternity and Child Welfare

Maternity and child welfare, including all the duties in the proposals of the City Council under the National Health Service Acts, relating to midwifery, health visiting, care of mothers and young children (excepting the portion relating to the management of Knowle House), home nursing, prevention of illness, care and after-care and home helps; the cleansing of persons infested with vermin; the control and management of day nurseries; and the administration of the Nursing Services Division with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

### Mental Health

All matters arising out of the proposals of the City Council under the National Health Service Acts concerning mental health with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

### Ambulance and Transport

The control and management of ambulances and ambulance stations, passenger cars and other vehicles and garages, with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

### Residential Homes

The control and management of Dr. Garrett Memorial Home, Knowle House, Langho Colony, Ashton House and Walton House, with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants, and the purchase of bulk supplies.



## Meat Inspection

The inspection of meat and all other questions arising therefrom with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

## Staff

The appointment of staff, salaries, wages and conditions of service of officers and servants in the employ of the Health Committee.

## HEALTH OFFICERS

### (A) Medical

- C. Metcalfe Brown, M.D., D.P.H.,  
Barrister-at-Law . . . . . Medical Officer of Health and Principal  
School Medical Officer
- A. M. M. Grierson, O.B.E., M.D.,  
D.P.H., F.R.S.E. . . . . Deputy Medical Officer of Health
- B. J. Griffiths, B.Sc., M.R.C.S., L.R.C.P.,  
D.P.H. . . . . Senior Medical Officer—Administrative
- C. A. Royde, M.D., D.P.H. . . . . Senior Medical Officer—Nursing Services
- Anne D. Lepine, M.R.C.S., L.R.C.P.,  
D.P.H. . . . . Deputy Senior Medical Officer—  
Nursing Services (appointed 1/4/60)
- E. Howard Kitching, M.D., M.R.C.P.,  
M.R.C.S., D.P.M. . . . . Consultant Psychiatrist—part-time
- W. Robinson, M.C., M.D., M.R.C.P. . . . . Consultant Chest Physician—part-time

### (B) Other professional

- J. Graham, M.B.E., F.A.P.H.I., F.R.S.H. Chief Public Health Inspector
- A. N. Leather, B.Sc., F.R.I.C. . . . . Public Analyst
- D. E. Orr, M.R.C.V.S. (Retired  
20-4-60) . . . . . Chief Veterinary Officer
- F. P. Lawton, M.R.C.V.S., D.V.S.M.  
(Appointed 21-4-60).. . . . Chief Veterinary Officer

### (c) Lay

- C. W. Wilkinson . . . . . Chief Administrative Assistant—General  
Services Division
- N. J. Moulton, A.M.INST.T. . . . . Chief Administrative Assistant—Nursing  
Services Division

**Number of staff employed in the  
Health Department in December, 1960**

Types of staff	Numbers employed			
	Full-time	Part-time	Totals—full-time and part-time	Approx. equivalent number of full-time
Administrative medical officers .. .. .	5	—	5	5
Clinical medical officers .. .. .	16	26	42	20
Analytical chemists and laboratory assistants .. ..	8	—	8	8
Veterinary officers .. .. .	3	—	3	3
Nursing:—				
Health visitors, tuberculosis visitors, clinic nurses and student health visitors .. .. .	138	5	143	140
Home nursing .. .. .	71	36	107	89
Midwifery .. .. .	73	2	75	74
Day nurseries .. .. .	294	—	294	294
Residential homes .. .. .	97	—	97	97
Other .. .. .	4	—	4	4
Physiotherapists .. .. .	—	4	4	1
Teachers, children's wardens, etc. .. .. .	3	—	3	3
Social workers .. .. .	18	—	18	18
Training centre supervisors and assistants .. .. .	19	—	19	19
Handicraft instructors .. .. .	7	—	7	7
Public health inspectors, trainee public health inspectors and technical assistants (smoke)	100	—	100	100
Meat and food inspectors .. .. .	11	—	11	11
Administrative and clerical .. .. .	164	11	175	167
Ambulance control room .. .. .	15	—	15	15
Storekeepers and assistants .. .. .	6	—	6	6
Supervisors—public conveniences .. .. .	2	—	2	2
Operational, manual workers, etc.:—				
Ambulance, Transport and Disinfection Service ..	179	5	184	181
Home helps .. .. .	101	187	288	194
Domestic staff in residential homes .. .. .	96	—	96	96
Domestic staff in day nurseries .. .. .	60	35	95	78
Domestic staff in municipal hostels .. .. .	61	—	61	61
Public conveniences service .. .. .	79	15	94	86
Rodent operatives .. .. .	19	—	19	19
Other .. .. .	30	44	74	48
Totals .. .. .	1679	370	2049	1846

NOTE :—Eight district midwives of the St. Mary's Hospital extern service are employed on an agency basis and are not included above.

**Number of staff employed in the  
General Services Division in December, 1960**

Types of staff	Numbers employed			
	Full time	Part-time	Totals—full-time and part-time	Equivalent number of full-time
Administrative medical officers .. .. .	3	—	3	3
Clinical medical officers .. .. .	2	4	6	3
Nursing:—				
Residential homes .. .. .	97	—	97	97
Mental health .. .. .	3	—	3	3
Immunization and vaccination .. .. .	1	—	1	1
Physiotherapists .. .. .	—	1	1	1
Children's wardens .. .. .	3	—	3	3
Social workers .. .. .	18	—	18	18
Training centre supervisors and assistants .. .. .	19	—	19	19
Handicraft instructors .. .. .	7	—	7	7
Administrative and clerical .. .. .	68	3	71	69
Ambulance control room .. .. .	15	—	15	15
Storekeepers and assistants .. .. .	2	—	2	2
Operational, manual workers, etc.:—				
Ambulance, Transport and Disinfection Service.. ..	179	5	184	181
Residential homes .. .. .	96	—	96	96
Municipal hostels .. .. .	61	—	61	61
Mental health Service .. .. .	1	19	20	7
Totals .. .. .	575	32	607	586

**Number of staff employed in the  
Nursing Services Division in December, 1960**

Types of staff	Numbers employed			
	Full time	Part-time	Totals—full-time and part-time	Approx. equivalent number of full-time
Administrative medical officers .. .. .	2	—	2	2
Clinical medical officers .. .. .	14	22	36	17
Nursing:—				
Health visitors, tuberculosis visitors, clinic nurses, etc.	138	5	143	140
Home nursing .. .. .	71	36	107	89
Midwifery .. .. .	73	2	75	74
Day nurseries .. .. .	294	—	294	294
Administrative and clerical .. .. .	59	8	67	61
Storekeepers and assistants .. .. .	4	—	4	4
Physiotherapists .. .. .	—	3	3	1
Operational, manual workers, etc.:—				
Home helps .. .. .	101	187	288	194
Domestic staff in day nurseries .. .. .	60	35	95	78
Other .. .. .	2	10	12	7
Centre cleaners .. .. .	22	15	37	29
Totals .. .. .	840	323	1,163	990

NOTE:—Eight district midwives of the St. Mary's Hospital extern service are employed on an agency basis and are not included above.

**Number of staff employed in the  
Sanitary Services Division in December, 1960**

Types of staff	Numbers employed			
	Full time	Part-time	Totals—full-time and part-time	Approx. equivalent number of full-time
Public health inspectors . . . . .	72	—	72	72
Student public health inspectors . . . . .	18	—	18	18
Technical assistants (smoke) . . . . .	10	—	10	10
Administrative and clerical . . . . .	34	—	34	34
Supervisors—public conveniences . . . . .	2	—	2	2
Operational, manual workers, etc.:—				
Rodent operators . . . . .	19	—	19	19
Public conveniences . . . . .	79	15	94	86
Other . . . . .	2	—	2	2
Totals . . . . .	236	15	251	243



**Number of staff employed in the  
Meat and Food Inspection Service in December, 1960**

Types of staff	Numbers employed			
	Full time	Part-time	Totals—full-time and part-time	Equivalent number of full-time
Veterinary officers .. .. .	3	—	3	3
Meat and food inspectors .. .. .	11	—	11	11
Administrative and clerical .. .. .	2	—	2	2
Operational, manual workers, etc. .. .. .	2	—	2	2
Totals .. .. .	18	—	18	18

**Number of staff employed in the  
Public Analyst's Laboratory in December, 1960**

Types of staff	Numbers employed			
	Full time	Part-time	Totals—full-time and part-time	Equivalent number of full-time
Analysts .. .. .	4	—	4	4
Technicians or student technicians .. .. .	4	—	4	4
Administrative and clerical .. .. .	1	—	1	1
Laboratory attendant .. .. .	1	—	1	1
Totals .. .. .	10	—	10	10



**General Services Division**

GENERAL STATISTICS

METEOROLOGY

VITAL STATISTICS

REGISTRAR GENERAL'S ABSTRACT

INFECTIOUS DISEASES

EPIDEMIOLOGY

FOOD POISONING

GENERAL MEDICAL SERVICES

MENTAL HEALTH

HEALTH EDUCATION

AMBULANCE SERVICE

HOSPITAL CAR SERVICE

MUNICIPAL CAR POOL

DISINFECTION SERVICE

RESIDENTIAL HOMES:

Langho Colony for sane epileptics

Dr. Garrett Memorial Home for convalescent children

MUNICIPAL HOSTELS:

Ashton House for women

Walton House for men



## GENERAL STATISTICS

Registrar General's estimated population mid-year, 1960

		Males	313,693	..	..	..	665,590
		Females	351,897	..	..	..	
Census population, 1951	.. ..	Males	331,355	..	..	..	703,082
		Females	371,727	..	..	..	
Deaths	.. .. .	Males	4,154	..	..	..	8,269
		Females	4,115	..	..	..	
Death rate per 1,000 of population		Males	13.24	..	..	..	12.42
		Females	11.69	..	..	..	
Comparability factor	.. .. .			..	..	..	1.17
Death rate as adjusted by factor	.. .. .			..	..	..	14.53
		Males		Females		Totals	
Live births	Legitimate ..	5,885	5,527	11,412	..	..	12,595
	Illegitimate ..	618	565	1,183	..	..	
Live birth rate per 1,000 of population	.. .. .				..	..	18.92
Comparability factor	.. .. .				..	..	0.96
Birth rate as adjusted by factor	.. .. .				..	..	18.16
Legitimate live births per cent. of total live births					..	..	10.37
		Males		Females		Totals	
Stillbirths	Legitimate ..	142	154	296	..	..	327
	Illegitimate ..	18	13	31	..	..	
Stillbirth rate per 1,000 total births (live and still)					..	..	25.30
Total live and stillbirths	.. .. .				..	..	12,922
Infant mortality:—							
Deaths of all infants under one year	.. .. .				..	..	366
Rate per 1,000 total live births	.. .. .				..	..	29.06
Deaths of legitimate infants under one year	.. .. .				..	..	338
Rate per 1,000 legitimate live births	.. .. .				..	..	29.62
Deaths of illegitimate infants under one year	.. .. .				..	..	28
Rate per 1,000 illegitimate live births	.. .. .				..	..	23.67
Neo-natal mortality:—							
Deaths of infants under four weeks	.. .. .				..	..	237
Rate per 1,000 total live births	.. .. .				..	..	18.82
Early neo-natal mortality:—							
Deaths of infants under one week	.. .. .				..	..	203
Rate per 1,000 total live births	.. .. .				..	..	16.12

Perinatal mortality:—

Stillbirths and deaths of infants under one week	.. .. .	530
Rate per 1,000 total births (live and still)	.. .. .	41·01

Maternal mortality :—

	Deaths	Rate per 1,000 total births	
Sepsis of pregnancy and abortion	3	0·23	.. .. . 0·38
Other maternal causes	2	0·15	
Excess of births over deaths	.. .. .		4,326
Percentage of mortality occurring in institutions	.. .. .		48·93
Number of persons married per 1,000 of population	.. .. .		17·88
Area of the City in acres..	.. .. .		27,255
Number of persons per acre	.. .. .		24·42
Number of occupied structurally separate dwellings at Census 1951	..		201,027
Number of persons per occupied structurally separate dwelling at Census 1951	.. .. .		3·50
Number of houses according to Rate Book (1st April, 1960)	.. ..		211,380
Number of persons per house	.. .. .		3·15
Rateable value (1st April, 1960)	.. .. .		£11,178,751
Sum represented by a penny rate (estimated)	.. .. .		£43,400
Number of new houses erected during 1960 :—			
By local authority	.. .. .		954
By other bodies or persons	.. .. .		262
			— 1,216

For purposes of comparison the following are the provisional figures relating to England and Wales :—

Death rate per 1,000 population	.. .. .	11·5
Live birth rate per 1,000 population	.. .. .	17·1
Stillbirth rate per 1,000 total births (live and still)	.. .. .	19·7
Infant mortality per 1,000 total live births	.. .. .	21·7
Neo-natal mortality per 1,000 total live births	.. .. .	15·6
Maternal mortality per 1,000 total births (live and still)	.. .. .	0·39



Manchester is the financial and transport centre for an area many times larger than itself and its advantages as a distributing centre have been widely recognised by business enterprise. The population within 10 miles of the City centre is approximately 2,250,000 and the annual total of the paid clearings at the Manchester Bankers Clearing House, concerning offices within half a mile of the clearing house, was £572,701,484 in 1960. Although 34 miles from the open sea, Manchester has direct access to it by means of the Ship Canal, and it has a large ocean trade. The City Council carries on a correspondingly large business employing approximately 30,000 persons in its services, its activities extending beyond its own area in relation to water, transport and sewage disposal.

Manchester Airport is the largest municipally owned airport in the country and in terms of traffic in passengers and freight, ranks second to London in the British Isles. 752,375 passengers used the Airport and 34,028 aircraft and 16,366 short tons of freight were handled during 1960. The runway is 7,000 ft. long and an extension is contemplated.

Manchester has a Central Library, opened by King George V in 1934, which comprises, in addition to the Reference Library, a Central Lending Library, the Henry Watson Music Library, a Commercial Library, a Technical Library, a Patents and Microtext Library, an Arts Library, an American Library, a Local History Library, a Jewish Library and the Library Theatre.

The principal industries of the area are engineering (light, heavy and electrical), chemicals, food processing, textiles, the garment trade, aircraft, oil refining, atomic power machinery and electronic computers.

## METEOROLOGY

In June, the Manchester City Weather Centre was opened by the Meteorological Office in the Royal Exchange Buildings and, at the end of the month the Meteorological Office at Manchester Airport ceased to publish figures for civilian purposes.

*Extracts from readings taken at Manchester Airport, Ringway*

	Mean maximum temperature	Mean minimum temperature	Mean temperature	Total rainfall (inches)	Total number of wet days	Total hours of sunshine	Number of days on which fog was noted at 09.00 G.M.T.
January .. .. .	43.2	35.9	39.5	4.43	13	20.46	5
February .. .. .	44.5	34.7	39.6	2.00	9	73.08	3
March .. .. .	48.9	38.9	43.8	1.02	6	87.73	—
April.. .. .	55.9	40.8	48.3	1.26	9	150.30	—
May .. .. .	64.2	47.9	56.1	2.01	7	181.35	—
June .. .. .	71.1	52.1	61.6	1.45	10	269.40	—
Totals .. .. .				12.17	54	782.32	8

*Extracts from readings taken at the City Weather Centre,  
Royal Exchange, Manchester, 2*

	Mean maximum temperature	Mean minimum temperature	Mean temperature	Total rainfall (inches)	Total number of wet days	Total hours of sunshine	Number of days on which fog was noted at 09.00 G.M.T.
July .. .. .	65.7	53.8	59.7	5.22	16	119.66	—
August .. .. .	65.8	53.9	59.8	4.95	16	128.65	—
September .. .. .	62.5	51.5	57.0	3.20	11	126.00	—
October .. .. .	56.0	47.7	51.8	3.72	16	55.80	—
November .. .. .	49.9	42.5	46.2	4.64	20	41.10	3
December .. .. .	44.2	37.6	40.9	3.21	12	39.06	17
Totals.. .. .				24.94	91	510.27	20

# VITAL STATISTICS

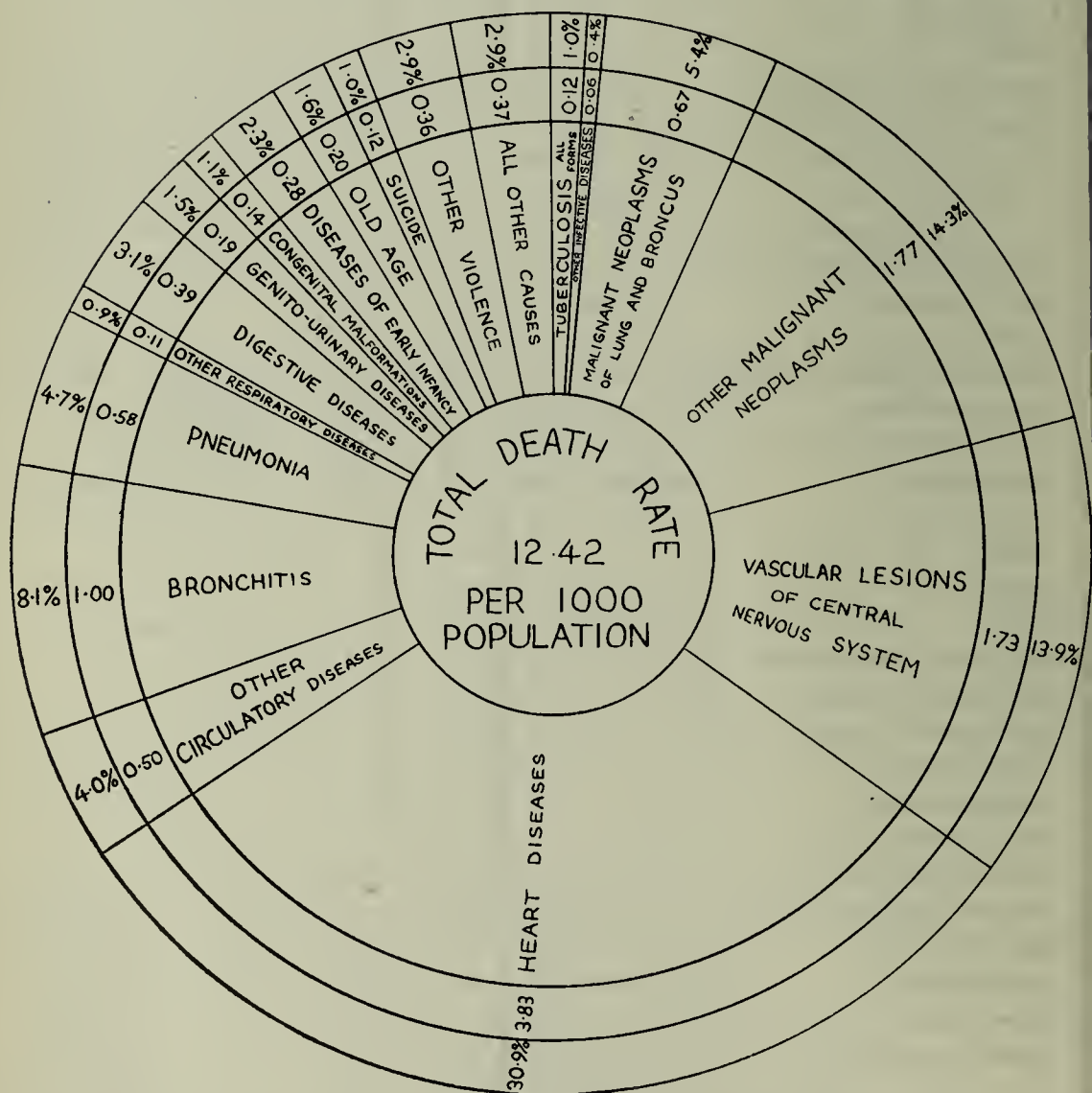
## Causes of death

### Registrar-General's Return Manchester

CAUSES OF DEATH				AGES AT DEATH							
	Male	Female	Total	0-	1-	5-	15-	25-	45-	65-	75-
Tuberculosis, respiratory .. .. .	68	13	81	—	—	—	—	13	42	19	7
other .. .. .	2	—	2	—	—	—	—	—	1	1	—
Syphilitic disease .. .. .	7	7	14	—	—	—	—	2	6	2	4
Diphtheria .. .. .	—	—	—	—	—	—	—	—	—	—	—
Whooping cough .. .. .	1	—	1	—	—	1	—	—	—	—	—
Meningococcal infections .. .. .	2	2	4	1	2	1	—	—	—	—	—
Acute poliomyelitis .. .. .	—	—	—	—	—	—	—	—	—	—	—
Measles .. .. .	—	1	1	—	1	—	—	—	—	—	—
Other infective and parasitic diseases ..	7	10	17	2	1	1	—	1	6	3	3
Malignant neoplasm, stomach .. ..	124	112	236	—	—	—	—	6	73	84	73
"    "    lung, bronchus ..	371	74	445	—	—	—	1	24	246	133	41
"    "    breast .. .. .	1	127	128	—	—	—	—	4	65	34	25
"    "    uterus .. .. .	—	77	77	—	—	—	—	6	38	18	15
Other malignant and lymphatic neoplasms	366	342	708	—	2	4	4	26	262	222	188
Leukaemia, aleukaemia .. .. .	14	16	30	—	4	5	—	1	8	4	8
Diabetes .. .. .	18	39	57	—	—	—	—	2	17	16	22
Vascular lesions of central nervous system	455	698	1153	1	—	1	1	17	227	353	553
Coronary disease, angina .. .. .	775	487	1262	—	—	—	—	31	416	449	366
Hypertension with heart disease ..	51	101	152	—	—	—	—	—	28	51	73
Other heart disease .. .. .	416	722	1138	2	—	—	3	41	159	255	678
Other circulatory diseases .. .. .	125	207	332	—	—	1	—	8	60	93	170
influenza .. .. .	3	8	11	—	—	—	—	2	2	1	6
Pneumonia .. .. .	197	204	401	53	8	2	1	8	52	79	198
Bronchitis .. .. .	456	210	666	3	—	1	1	13	208	215	225
Other diseases of respiratory system ..	47	18	65	—	—	—	1	6	28	13	17
Ulcer of stomach and duodenum ..	42	26	68	—	—	—	1	4	26	24	13
Gastritis, enteritis and diarrhoea .. ..	21	26	47	17	—	—	—	6	8	8	8
Nephritis and nephrosis .. .. .	16	22	38	—	1	—	1	8	10	9	9
Hyperplasia of prostate .. .. .	37	—	37	—	—	—	—	—	1	8	28
Pregnancy, childbirth, abortion .. ..	—	5	5	—	—	—	2	2	1	—	—
Congenital malformations .. .. .	52	39	91	75	6	2	—	5	2	1	—
Other defined and ill-defined diseases ..	287	395	682	194	5	3	4	33	104	105	234
Motor vehicle accidents .. .. .	61	45	106	—	5	11	16	19	20	18	17
All other accidents .. .. .	77	51	128	18	4	9	7	17	28	15	30
Suicide .. .. .	51	29	80	—	—	—	7	23	33	12	5
Homicide and operations of war .. ..	4	2	6	—	—	—	—	1	4	1	—
TOTALS ..	4154	4115	8269	366	39	42	50	329	2181	2246	3016

NOTE.—A table showing the mortality rates due to various causes, etc., from 1911 onwards appears at page 36A.

DEATHS FROM PRINCIPAL CAUSES  
 RATE PER 1000 POPULATION  
 AND  
 PERCENTAGE TO TOTAL DEATHS

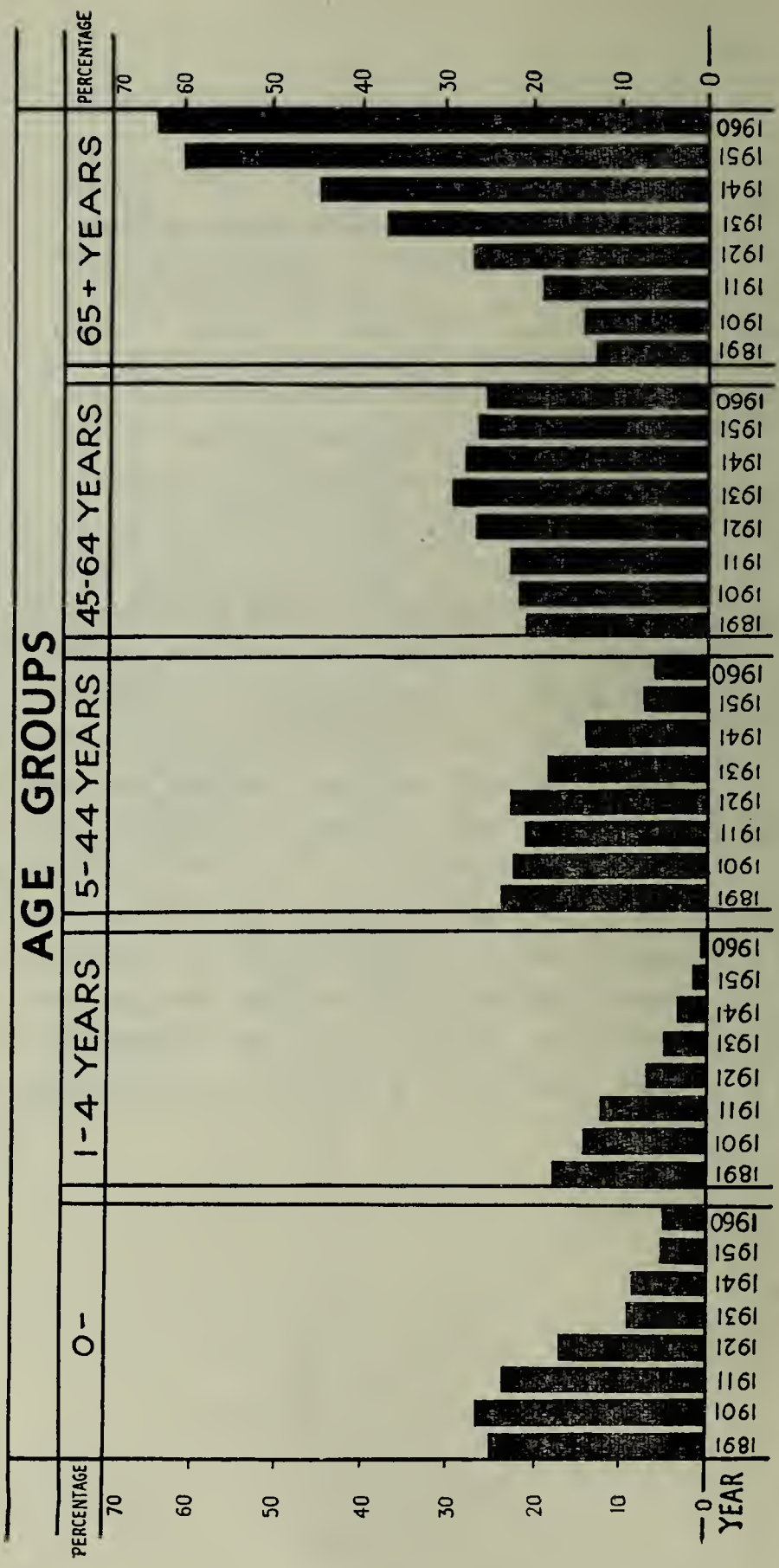


## Deaths in age groups and percentages to total deaths

Year	Total number of deaths	Age groups and percentages									
		0—		1—4		5—44		45—64		65—	
		No.	%	No.	%	No.	%	No.	%	No.	%
1891 ..	13,202	3,299	24.99	2,225	16.85	3,178	24.07	2,756	20.88	1,744	13.21
1901 ..	11,801	3,114	26.39	1,676	14.20	2,725	23.09	2,627	22.26	1,659	14.06
1911 ..	12,272	2,901	23.64	1,516	12.35	2,711	22.09	2,790	22.74	2,354	19.18
1921 ..	10,093	1,707	16.91	728	7.21	2,313	22.92	2,687	26.62	2,658	26.34
1931 ..	10,618	1,027	9.67	503	4.74	1,943	18.30	3,144	29.61	4,001	37.68
1941 ..	10,016	832	8.31	265	2.65	1,467	14.65	2,886	28.81	4,566	45.58
1951 ..	9,676	439	4.54	64	0.66	748	7.73	2,568	26.54	5,857	60.53
1952 ..	8,576	424	4.94	75	0.87	637	7.43	2,410	28.10	5,030	58.65
1953 ..	8,638	373	4.32	58	0.67	602	6.97	2,349	27.19	5,256	60.85
1954 ..	8,525	349	4.09	56	0.66	585	6.86	2,293	26.90	5,242	61.49
1955 ..	8,777	332	3.78	51	0.58	539	6.14	2,280	25.98	5,575	63.52
1956 ..	8,475	358	4.22	41	0.48	480	5.67	2,250	26.55	5,346	63.08
1957 ..	8,456	374	4.42	43	0.51	533	6.30	2,183	25.82	5,323	62.95
1958 ..	8,600	316	3.68	36	0.42	437	5.08	2,287	26.59	5,524	64.23
1959 ..	8,397	325	3.87	39	0.46	456	5.43	2,199	26.19	5,378	64.05
1960 ..	8,269	366	4.43	39	0.47	421	5.09	2,181	26.38	5,262	63.63



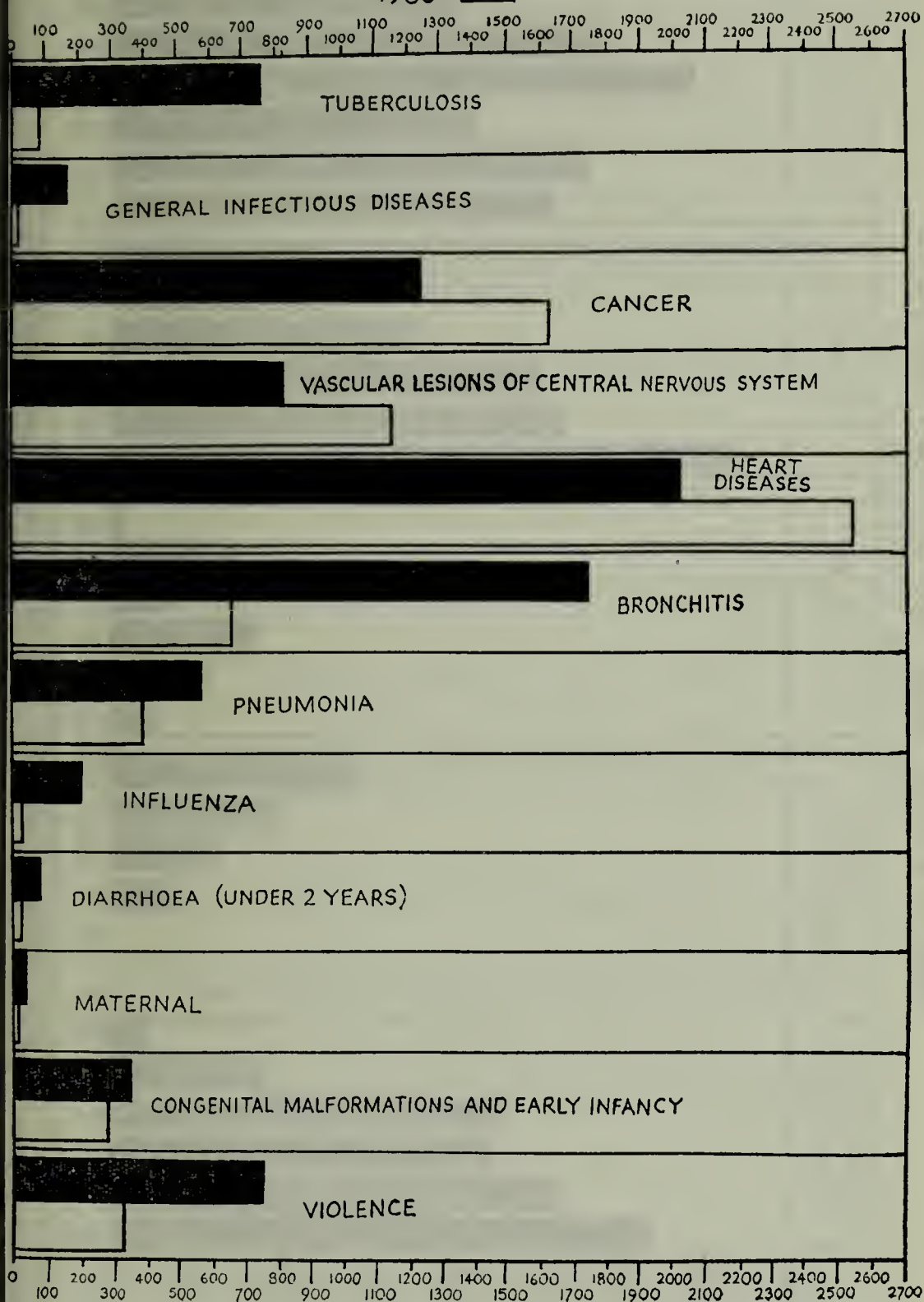
# PERCENTAGES OF DEATHS IN VARIOUS AGE GROUPS OF TOTAL DEATHS 1891 - 1960



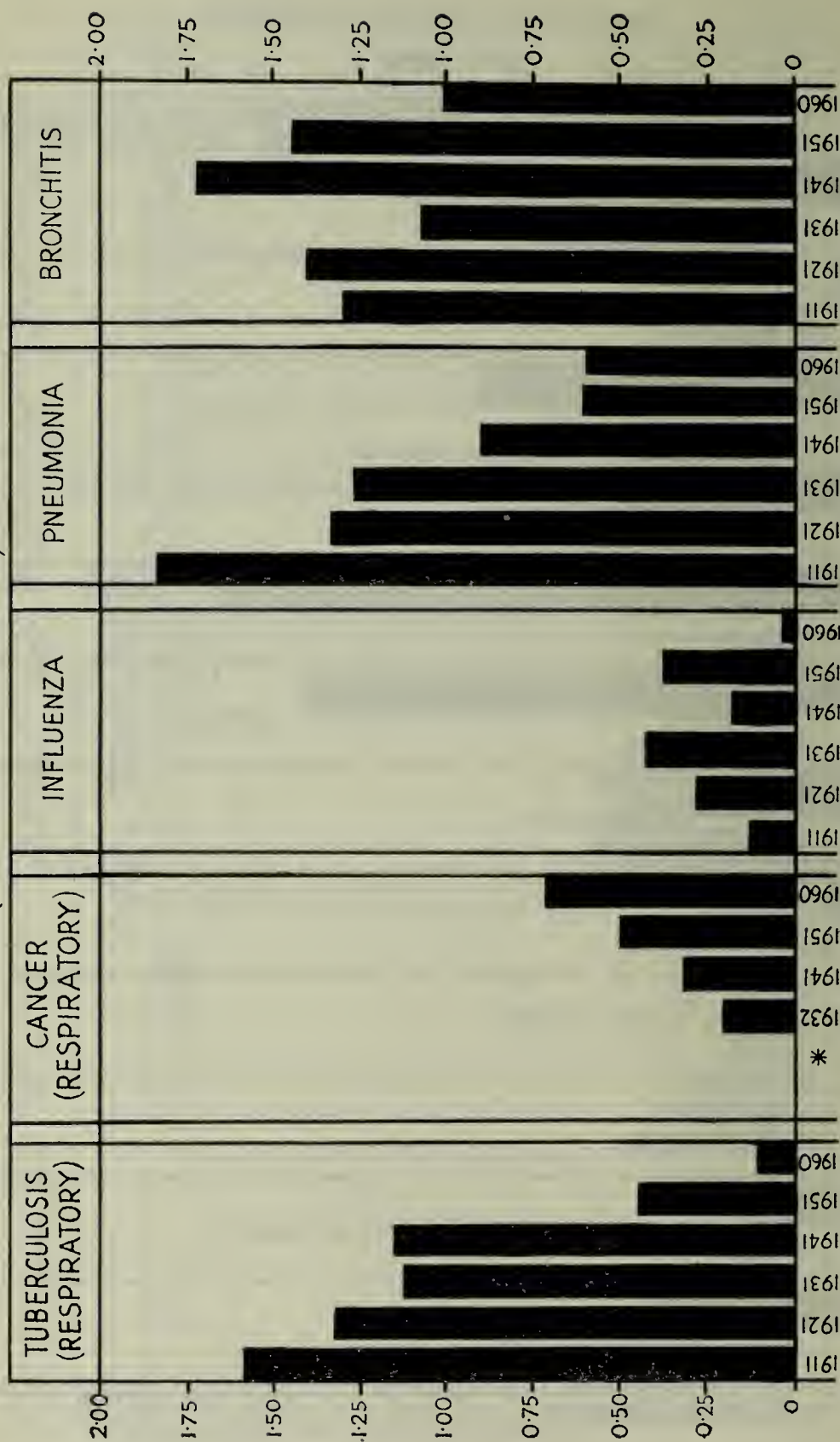


# PRINCIPAL CAUSES OF DEATH

1940 ■  
1960 □



# DEATH RATES FROM RESPIRATORY DISEASES (PER 1000 POPULATION)



\* NO FIGURES ARE AVAILABLE PRIOR TO 1932 FOR CANCER (RESPIRATORY)

Ward population, area, density, births and deaths  
(figures compiled in the Health Department)

WARDS	Estimated Population	Area in acres	Persons per acre	Live births			Deaths		Deaths under one year of age		
				Legitimate	Illegitimate	Total	Rate per 1,000 Population	Total	Rate per 1,000 population	Legitimate	Illegitimate
CITY OF MANCHESTER ..	665,590	27,255	24.42	11,412	1,183	12,595	18.92	8,269	338	28	366
Alexandra Park ..	21,042	780	26.98	263	45	308	14.64	255	6	2	8
All Saints ..	15,627	315	49.61	406	75	481	30.78	155	10	5	15
Ardwick ..	16,252	436	37.28	448	40	488	30.03	191	10	—	10
Baguley ..	20,583	1,405	14.65	321	25	346	16.81	145	7	—	7
Barlow Moor ..	14,910	13.31	13.31	175	29	204	13.68	339	9	—	9
Benchill ..	20,530	1,027	19.99	323	22	345	16.80	185	7	2	9
Beswick ..	17,526	243	72.12	366	22	388	22.14	212	9	1	10
Blackley ..	21,890	1,226	17.85	311	16	327	14.94	259	6	—	6
Bradford ..	20,880	772	27.05	362	13	375	17.96	288	14	—	14
Burnage ..	20,987	737	28.48	193	12	205	9.77	246	3	—	3
Cheetham ..	13,226	446	29.65	257	23	280	21.17	180	12	—	12
Chorlton-cum-Hardy ..	19,268	849	22.69	286	37	323	16.76	248	13	—	13
Collegiate Church ..	11,788	501	23.53	269	40	309	26.21	196	8	—	8
Crumpsall ..	23,134	1,805	12.82	317	17	334	14.44	257	4	1	5
Didsbury ..	17,401	1,181	14.73	211	11	222	12.76	185	5	—	5
Gorton North ..	21,952	540	40.65	314	27	341	15.53	265	15	—	15
Gorton South ..	16,748	631	26.54	217	12	229	13.67	259	6	—	6
Harpurhey ..	15,996	372	43.00	343	14	357	22.32	218	10	—	10
Hugh Oldham ..	15,574	498	31.27	328	21	349	22.41	186	7	2	9
Levenshulme ..	18,257	606	30.13	260	20	280	15.34	212	4	1	5
Lighthowne ..	19,013	390	48.75	288	8	296	15.57	265	5	—	5
Longsight ..	14,548	355	40.98	284	34	318	21.86	191	7	2	9
Miles Platting ..	11,510	444	25.92	238	8	246	21.37	134	6	—	6
Moss Side East ..	17,146	277	61.90	442	131	573	33.42	209	12	2	14
Moss Side West ..	16,348	268	61.00	427	131	558	34.13	209	14	2	16
Moston ..	20,451	1,170	17.48	283	18	301	14.72	248	11	—	11
New Cross ..	10,682	354	30.18	209	24	233	21.81	230	8	—	8
Newton Heath ..	17,704	905	19.56	256	7	263	14.86	267	8	1	9
Northenden ..	22,367	1,763	12.69	288	22	310	13.86	228	3	—	3
Old Moat ..	16,635	624	26.66	172	22	194	11.66	186	7	1	8
Openshaw ..	20,836	543	38.37	377	23	400	19.20	252	17	—	17
Rusholme ..	16,364	726	22.54	280	23	303	18.52	220	9	—	9
St. George's ..	15,761	318	49.56	392	57	449	28.49	215	18	2	20
St. Luke's ..	16,123	287	56.18	433	71	504	31.26	229	14	4	18
St. Mark's ..	19,621	517	37.95	352	23	375	19.11	249	12	—	12
St. Peter's ..	8,933	837	10.67	99	8	107	11.98	84	6	—	6
Withington ..	15,054	560	26.88	199	25	224	14.88	201	6	—	6
Woodhouse Park ..	22,923	1,427	16.06	423	27	450	19.63	171	10	—	10

**Causes of death in infancy and childhood**  
(Registrar-General's abridged list)  
(figures compiled in the Health Department)

CAUSE OF DEATH	Under 1 year				1 to 5 years					Total under 5 Years
	Under 4 weeks	4 weeks to 3 months	3-6 months	6-12 months	Total	1-2 years	2-3 years	3-4 years	4-5 years	Total
Tuberculosis, respiratory .. .. .	—	—	—	—	—	—	—	—	—	—
"  meninges and central nervous system .. .. .	—	—	—	—	—	—	—	—	—	—
"  intestine, peritoneum and mesenteric glands .. .. .	—	—	—	—	—	—	—	—	—	—
"  other .. .. .	—	—	—	—	—	—	—	—	—	—
Syphilitic diseases .. .. .	—	—	—	—	—	—	—	—	—	—
Diphtheria .. .. .	—	—	—	—	—	—	—	—	—	—
Scarlet fever .. .. .	—	—	—	—	—	—	—	—	—	—
Whooping cough .. .. .	—	—	—	—	—	—	—	—	—	—
Measles .. .. .	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis .. .. .	—	—	—	—	—	1	—	—	—	1
Meningococcal infections .. .. .	—	—	—	1	1	2	—	—	—	3
Acute infectious encephalitis .. .. .	—	—	—	—	—	—	—	—	—	—
Dysentery .. .. .	—	—	—	—	—	—	—	—	—	—
Other food poisoning .. .. .	—	—	—	—	—	—	—	—	—	—
Meningitis (not tubercular) .. .. .	2	1	1	—	4	1	—	—	—	2
Other diseases of nervous system .. .. .	—	—	—	3	4	—	—	—	—	—
Influenza .. .. .	—	—	—	—	—	—	—	—	—	—
Pneumonia, .. .. .	—	—	—	—	—	—	—	—	—	—
lobar .. .. .	—	13	12	9	34	3	2	1	1	7
"  other .. .. .	—	2	4	1	7	1	—	—	—	2
Bronchitis .. .. .	—	1	—	1	2	—	—	—	—	—
Other respiratory diseases .. .. .	—	—	—	—	—	—	—	—	—	—
Diarrhoea (4 weeks-2 years) .. .. .	—	5	5	5	15	1	—	—	—	1
Other diseases of digestive system .. .. .	—	3	3	—	7	—	—	—	—	—
Congenital malformations .. .. .	1	45	8	5	75	3	1	1	1	6
Birth injury, with immaturity .. .. .	12	18	—	—	30	—	—	—	—	—
"  "  without immaturity .. .. .	16	—	—	—	16	—	—	—	—	—
"  "  with immaturity .. .. .	24	2	1	1	28	—	—	—	—	—
Atelectasis, with immaturity .. .. .	14	—	—	—	14	—	—	—	—	—
Pneumonia of newborn with immaturity .. .. .	4	—	—	—	4	—	—	—	—	—
"  without immaturity .. .. .	8	—	—	—	8	—	—	—	—	—
Diarrhoea of newborn with immaturity .. .. .	1	—	—	—	1	—	—	—	—	—
"  without immaturity .. .. .	1	—	—	—	1	—	—	—	—	—
Other infections of newborn with immaturity .. .. .	—	—	—	—	—	—	—	—	—	—
"  "  without immaturity .. .. .	2	—	—	—	2	—	—	—	—	—
"  "  without immaturity .. .. .	3	—	—	—	3	—	—	—	—	—
Haemolytic disease of newborn with immaturity .. .. .	6	—	—	—	6	—	—	—	—	—
"  "  without immaturity .. .. .	8	—	—	—	8	—	—	—	—	—
Other diseases of early infancy with immaturity .. .. .	77	1	1	—	79	—	—	—	—	—
"  "  without immaturity .. .. .	1	3	1	1	5	—	—	—	—	—
Immaturity, unqualified .. .. .	2	5	5	1	13	3	—	—	—	9
Suffocation (overlain) .. .. .	4	4	1	1	10	2	3	2	4	8
Other violence .. .. .	237	58	43	29	366	19	7	4	9	39
All causes .. .. .										



## Infant mortality

Deaths from various causes

1956-60

Cause of death	Numbers of deaths				
	1956	1957	1958	1959	1960
All causes .. .. .	358	374	316	325	366
Whooping cough .. .. .	..	1	..	..	..
Meningococcal infections .. .. .	7	3	1	..	1
Acute poliomyelitis and polio-encephalitis .. .. .	1	..	..	..	..
Acute infectious encephalitis .. .. .	..	..	1	..	..
Measles .. .. .	..	2	..	..	..
Diseases of the nervous system .. .. .	5	5	4	13	8
Influenza .. .. .	1	1	..	2	..
Pneumonia (over 4 weeks of age) .. .. .	43	53	35	31	41
Bronchitis .. .. .	9	1	3	1	2
Other respiratory diseases .. .. .	1	1	1	3	..
Diarrhoeal diseases .. .. .	5	2	5	3	15
Other digestive diseases .. .. .	7	7	4	5	7
Nephritis and nephrosis .. .. .	..	..	..	1	..
Congenital malformations .. .. .	66	64	48	53	75
Birth injuries .. .. .	29	44	40	33	28
Other diseases of early infancy .. .. .	92	83	82	85	82
Immaturity, unqualified .. .. .	70	86	80	63	79
Violence .. .. .	12	14	10	22	18
All other causes .. .. .	10	7	2	10	10

Deaths under one year of age from diarrhoea, congenital malformations, diseases of early infancy and other causes 1941-1960

Year	Diarrhoea		Congenital malformations		Injury at birth		Atelectasis		Others of early infancy		Immaturity unqualified		Other causes		Total deaths	Infant mortality rate per 1,000 live births
	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births		
1941..	109	11.1	81	8.2	23	2.3	22	2.2	44	4.5	176	17.9	377	38.3	832	84.5
1942..	88	8.6	86	8.4	20	1.9	19	1.8	43	4.2	187	18.2	220	21.4	663	64.5
1943..	85	7.6	80	7.2	36	3.2	12	1.1	49	4.4	167	14.9	252	22.5	681	60.9
1944..	72	5.9	82	6.7	28	2.3	18	1.5	49	4.0	164	13.4	241	19.8	654	53.6
1945..	83	7.3	82	7.2	42	3.7	24	2.1	41	3.6	129	11.4	233	20.5	634	55.8
1946..	167	12.0	118	8.4	40	2.9	47	3.4	38	2.7	193	13.8	287	20.5	890	63.7
1947..	223	14.1	90	5.7	37	2.3	57	3.6	49	3.1	181	11.4	309	19.6	946	59.8
1948..	57	4.1	72	5.2	45	3.3	49	3.6	22	1.6	104	7.5	232	16.8	581	42.1
1949..	57	4.3	63	4.8	45	3.4	47	3.6	25	1.9	70	5.3	195	14.9	502	38.2
1950..	38	3.0	67	5.4	43	3.5	58	4.7	41	3.3	81	6.5	143	11.5	471	37.9
1951..	30	2.4	56	4.5	47	3.8	73	5.9	34	2.7	60	4.8	139	11.2	439	35.3
1952..	19	1.5	77	6.2	43	3.5	65	5.3	26	2.1	86	7.0	108	8.7	424	34.3
1953..	9	0.7	53	4.3	44	3.6	51	4.2	33	2.7	85	7.0	98	8.0	373	30.5
1954..	11	0.9	81	6.8	44	3.7	53	4.5	37	3.1	52	4.4	71	6.1	349	29.5
1955..	6	0.5	72	6.2	31	2.6	43	3.7	28	2.4	62	5.3	90	7.7	332	28.4
1956..	5	0.4	66	5.5	29	2.4	50	4.2	42	3.5	70	5.9	96	8.0	358	29.9
1957..	2	0.2	64	5.2	44	3.5	48	3.9	35	2.8	86	6.9	95	7.6	374	30.1
1958..	5	0.4	48	3.9	40	3.2	48	3.9	34	2.8	80	6.5	61	4.9	316	25.6
1959..	3	0.2	53	4.3	33	2.7	51	4.1	34	2.8	63	5.1	88	7.2	325	26.4
1960..	15	1.2	75	6.0	28	2.2	42	3.3	37	3.0	79	6.3	90	7.1	366	29.1

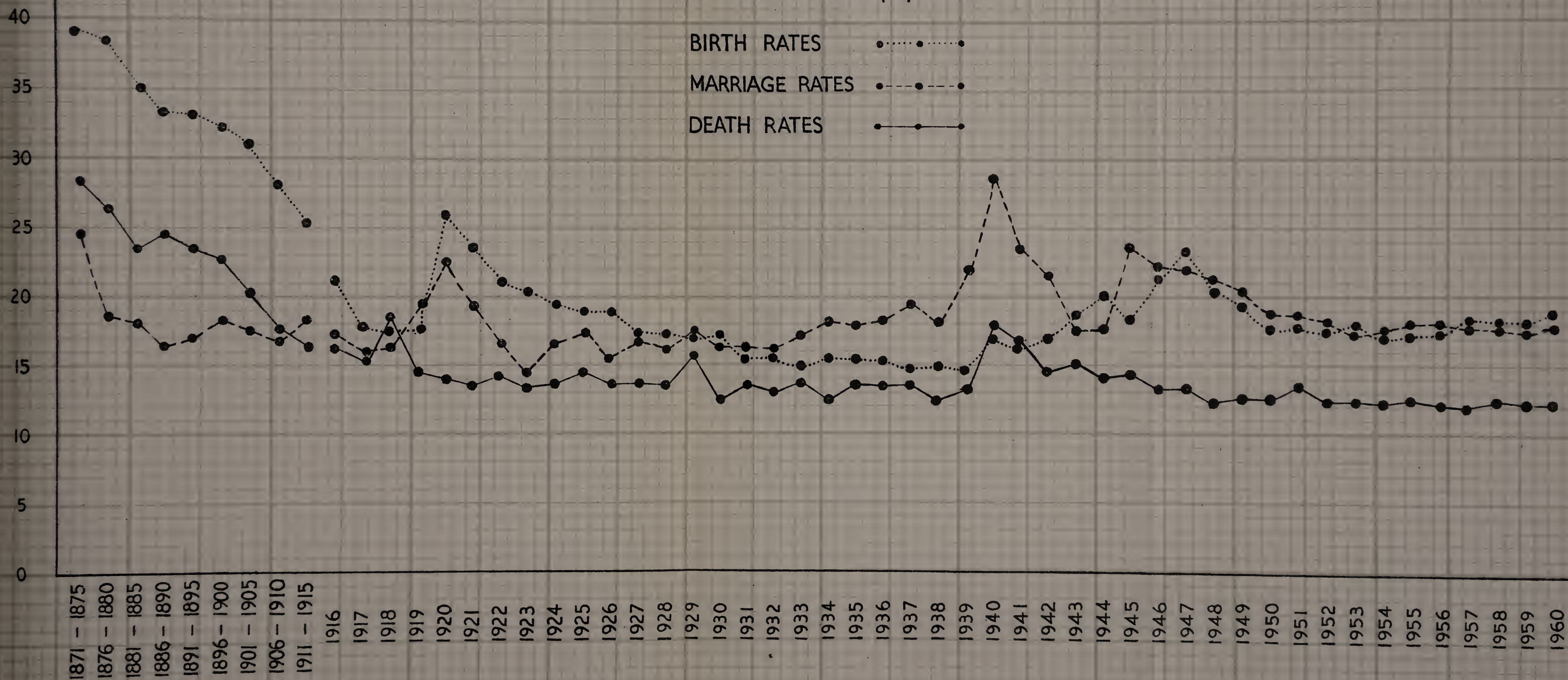


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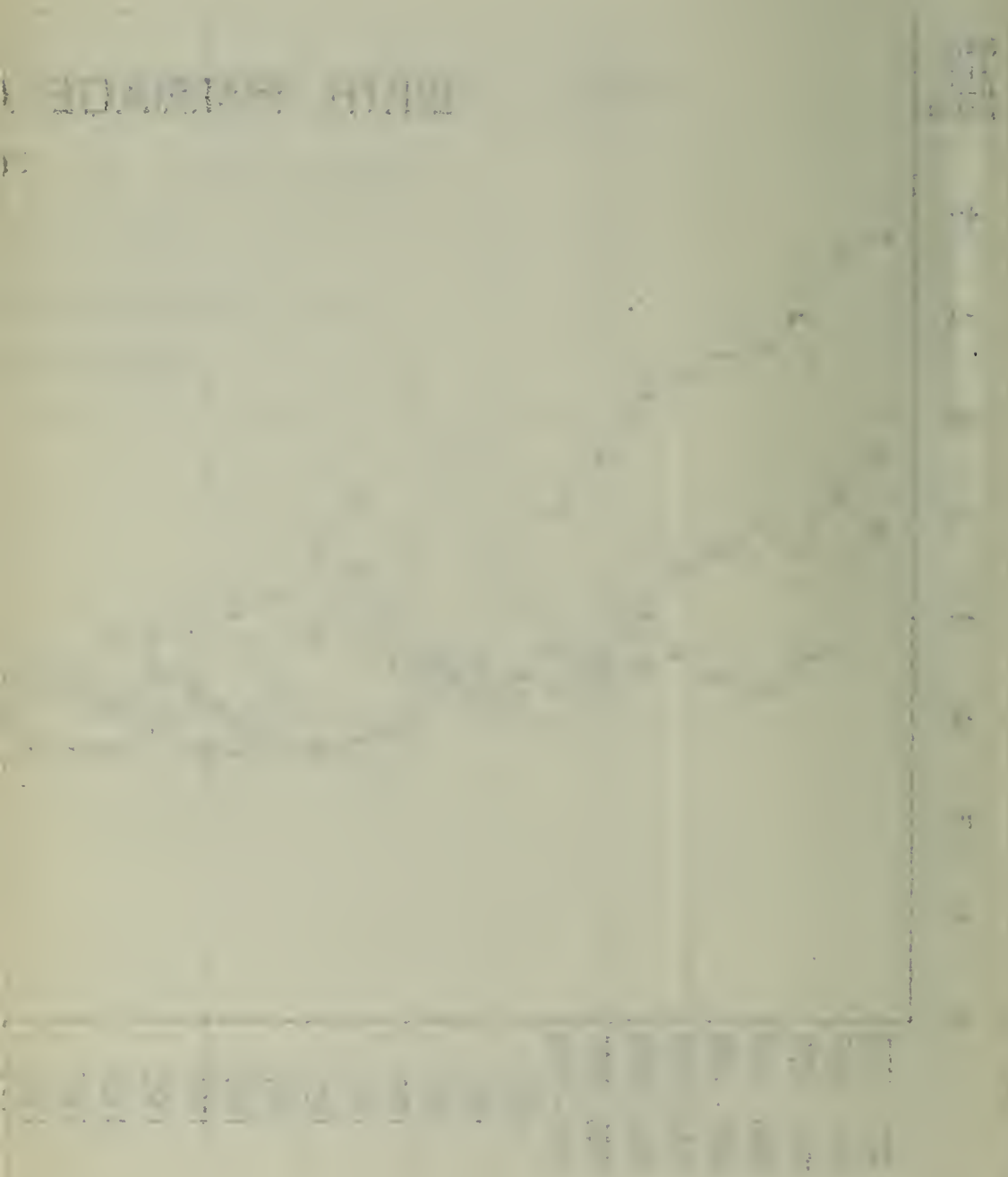
# BIRTH, MARRIAGE AND DEATH RATES 1871 - 1960

Per 1,000 of the population

BIRTH RATES .....  
MARRIAGE RATES - - -  
DEATH RATES ———









RATE  
PER  
1,000  
POP

# DEATH RATE 1871 - 1960

Per 1,000 of the population

MANCHESTER

ENGLAND AND WALES

1871 - 1875  
1876 - 1880  
1881 - 1885  
1886 - 1890  
1891 - 1895  
1896 - 1900  
1901 - 1905  
1906 - 1910  
1911 - 1915  
1916  
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RATE  
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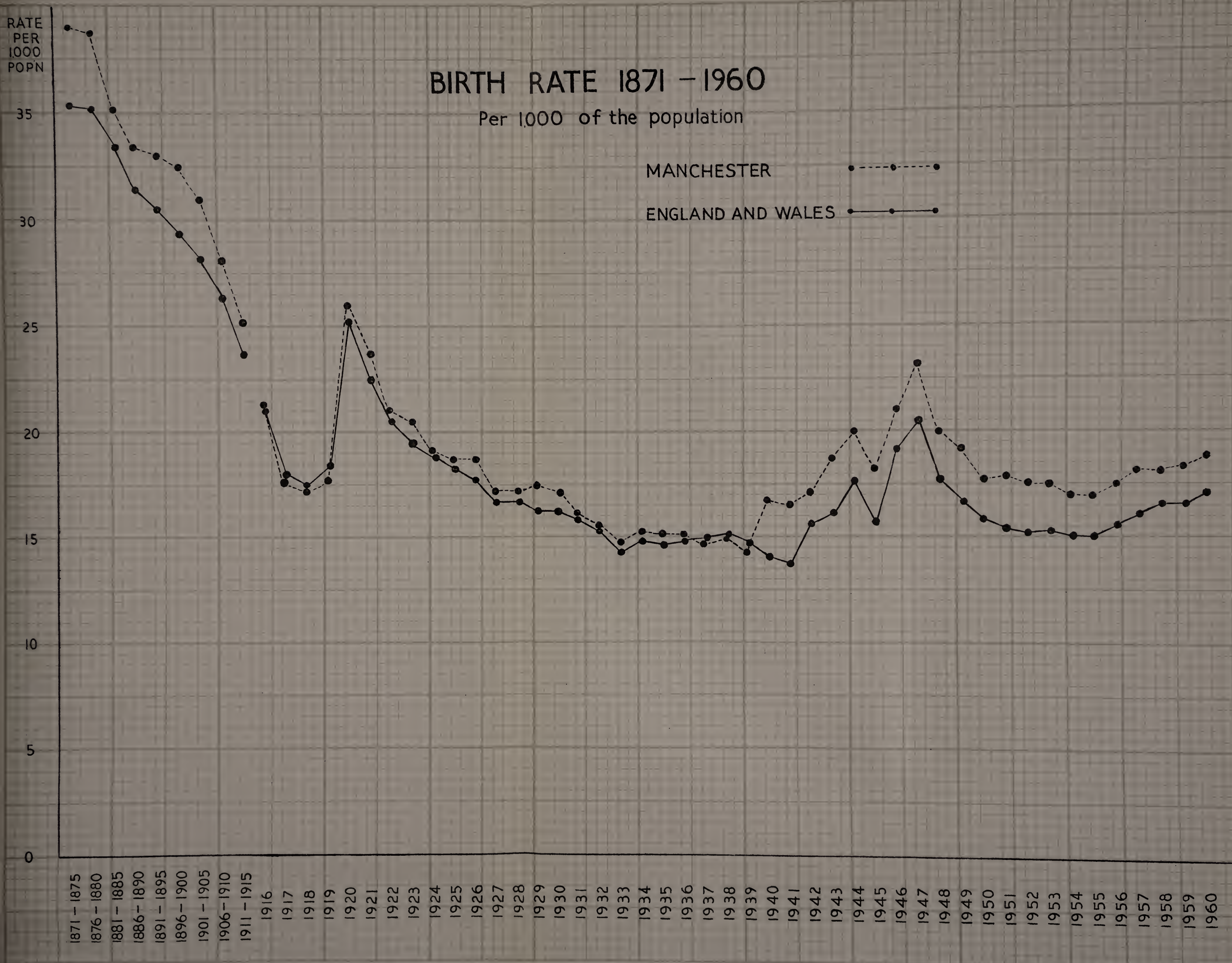
# BIRTH RATE 1871 - 1960

Per 1000 of the population

MANCHESTER

ENGLAND AND WALES

1871 - 1875  
1876 - 1880  
1881 - 1885  
1886 - 1890  
1891 - 1895  
1896 - 1900  
1901 - 1905  
1906 - 1910  
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1960









RATE  
PER  
1,000  
LIVE  
AND  
STILL  
BIRTHS

# MATERNAL MORTALITY 1931-1960

Mortality per 1,000 live and stillbirths

MANCHESTER

ENGLAND and WALES

5.0

4.0

3.0

2.0

1.0

0

1931

1932

1933

1934

1935

1936

1937

1938

1939

1940

1941

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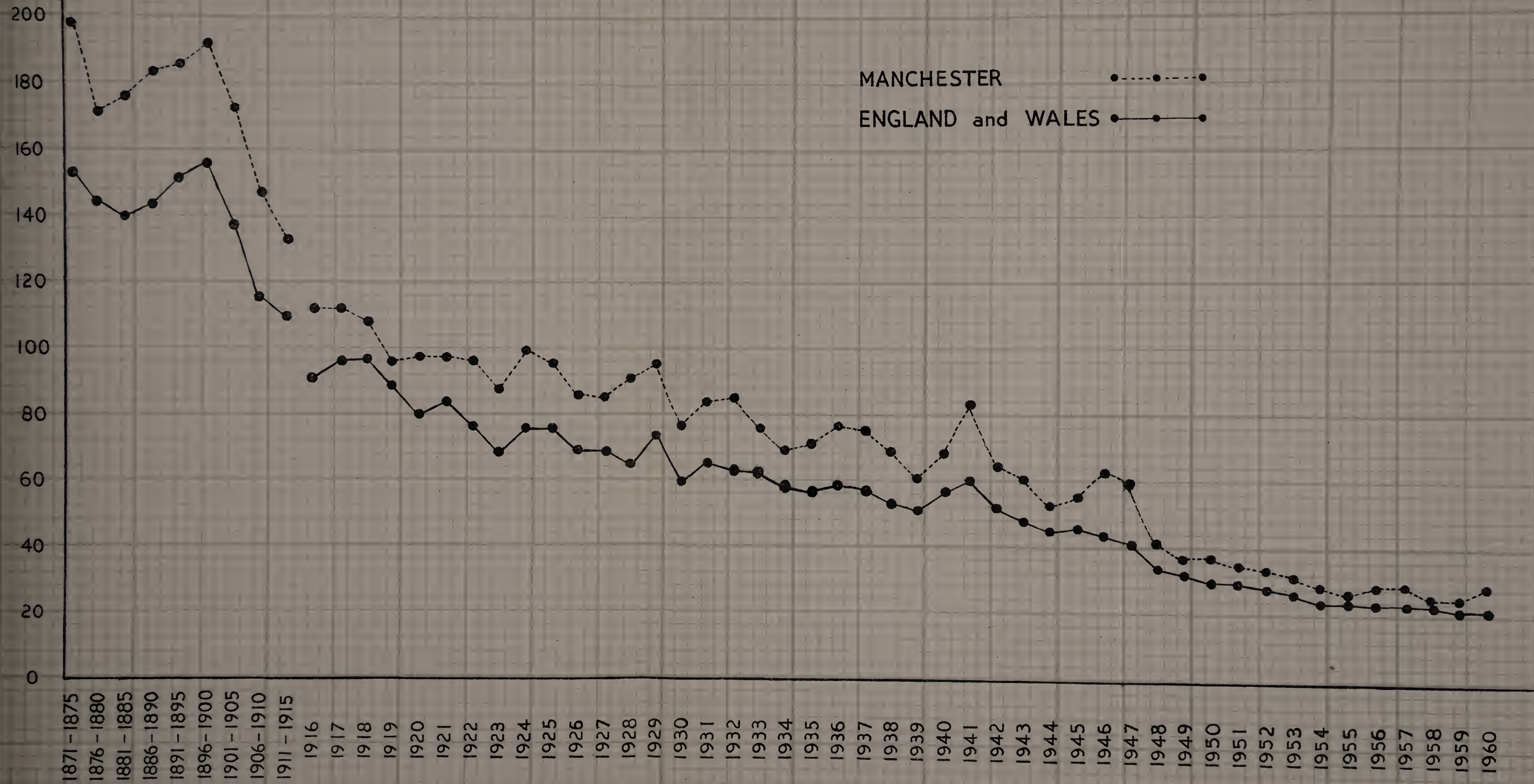
RATE  
PER  
1000  
LIVE  
BIRTHS

# INFANT MORTALITY 1871-1960

Per 1,000 live births

MANCHESTER

ENGLAND and WALES









Legitimate and illegitimate live births and deaths of infants under one year of age  
from Registrar-General's returns

Year	LIVE BIRTHS			DEATHS UNDER ONE YEAR OF AGE										
	Legitimate	Illegitimate	Total	Illegitimate percentage of total live births	Illegitimate percentage of total live births England & Wales	Number			Rate per 1,000 related live births					
						Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total	England and Wales		
												Legitimate	Illegitimate	Total
1941	9,239	610	9,849	6.19	5.36	767	65	832	83.02	106.56	84.47	58.8	82.3	58.8
1942	9,680	596	10,276	5.80	5.60	621	42	663	64.15	70.47	64.52	49.2	75.0	49.3
1943	10,431	754	11,185	6.74	6.38	625	56	681	59.92	74.27	60.88	47.6	71.4	49.0
1944	11,239	965	12,204	7.91	7.34	577	77	654	51.34	79.79	53.59	43.7	68.5	44.5
1945	10,175	1,187	11,362	10.45	9.33	557	77	634	54.74	64.87	55.80	44.1	64.8	47.0
1946	12,874	1,095	13,969	7.84	6.57	798	92	890	61.99	84.02	63.71	41.6	60.1	40.9
1947	14,760	1,070	15,830	6.76	5.29	859	87	946	58.20	81.31	59.76	40.4	58.0	41.8
1948	12,886	908	13,794	6.58	5.41	524	57	581	40.66	62.77	42.12	33.3	45.3	34.5
1949	12,243	886	13,129	6.75	5.10	461	41	502	37.65	46.28	38.24	31.7	44.8	32.7
1950	11,523	913	12,436	7.34	5.06	433	38	471	37.58	41.62	37.87	29.1	39.4	29.8
1951	11,616	822	12,438	6.58	4.84	407	32	439	35.03	38.93	35.29	29.2	38.5	29.6
1952	11,549	818	12,367	6.61	4.80	398	26	424	34.46	31.78	34.28	27.2	34.9	27.6
1953	11,450	768	12,218	6.29	4.75	352	21	373	30.74	27.34	30.53	26.5	33.0	26.8
1954	10,967	876	11,843	7.40	4.70	322	27	349	29.36	30.82	29.47	25.1	32.1	25.4
1955	10,879	825	11,704	7.05	4.66	312	20	332	28.68	24.24	28.37	24.5	31.7	24.9
1956	11,052	915	11,967	7.65	4.80	327	31	358	29.59	33.88	29.92	23.4	28.5	23.7
1957	11,407	1,017	12,424	8.19	4.80	337	37	374	29.54	36.38	30.10	23.0	30.0	23.1
1958	11,291	1,044	12,335	8.46	4.88	284	32	316	25.15	30.65	25.62	22.25	27.78	22.6
1959	11,186	1,146	12,332	9.29	5.09	298	27	325	26.64	23.56	26.35	21.94	27.36	22.0
1960	11,412	1,183	12,595	10.37	*	338	28	366	29.62	23.67	29.06	*	*	21.7

\* Not available

Stillbirths, perinatal deaths, neo-natal deaths, deaths at four weeks to one year of age, and infant death rate, 1941-1960

Year	Total live and stillbirths	Stillbirths		Perinatal deaths		Neo-natal deaths		Deaths, 4 weeks—1 year		Deaths under 1 year and stillbirths		Infant death rate per 1,000 live births
		Number of stillbirths	Rate per 1,000 live and stillbirths	Number of perinatal deaths (stillbirths and deaths under 1 week)	Rate per 1,000 total live and stillbirths	Number of neo-natal deaths, 0-4 weeks	Rate per 1,000 total live births	Number of deaths, 4 weeks-1 year	Rate per 1,000 total live births	Number of deaths under 1 year and stillbirths	Rate per 1,000 total live and stillbirths	
1941	..	400	39.03	611	59.62	292	29.65	540	54.82	1,232	120.21	84.47
1942	..	443	41.33	636	59.33	304	29.58	359	34.94	1,106	103.18	64.52
1943	..	406	35.02	612	52.80	306	27.36	375	33.52	1,087	93.77	60.88
1944	..	367	29.19	602	47.89	315	25.81	339	27.78	1,021	81.22	53.59
1945	..	372	31.70	592	50.45	311	27.37	323	28.43	1,006	85.73	55.80
1946	..	445	30.87	720	49.95	474	33.93	416	29.78	1,335	92.62	63.71
1947	..	427	26.27	694	42.69	466	29.44	480	30.32	1,380	84.89	59.76
1948	..	376	26.53	588	41.50	274	19.85	307	22.26	957	67.54	42.12
1949	..	331	24.59	528	39.23	242	18.43	260	19.80	833	61.88	38.24
1950	..	333	26.08	551	43.15	263	21.15	208	16.72	804	62.96	37.87
1951	..	319	25.01	521	40.84	251	20.18	188	15.11	758	59.42	35.29
1952	..	349	27.45	575	45.22	269	21.75	155	12.53	773	60.78	34.28
1953	..	355	28.24	583	46.37	255	20.87	118	9.66	728	57.90	30.53
1954	..	389	31.80	587	47.99	237	20.01	112	9.46	738	60.33	29.47
1955	..	318	26.45	496	41.26	215	18.37	117	10.00	650	54.07	28.37
1956	..	324	26.36	538	43.77	241	20.14	117	9.78	682	55.49	29.92
1957	..	331	25.95	555	43.51	261	21.01	113	9.09	705	55.27	30.10
1958	..	322	25.44	533	42.11	237	19.21	79	6.41	638	50.41	25.62
1959	..	306	24.21	498	39.40	223	18.08	102	8.27	631	49.93	26.35
1960	..	327	25.30	530	41.01	237	18.82	129	10.24	693	53.63	29.06



PER  
CENT  
OF  
TOTAL  
LIVE  
BIRTHS

## ILLEGITIMATE BIRTHS

Percentage to total live births

MANCHESTER

ENGLAND and WALES

1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1957 1958 1959 1960

\* England and Wales figure not available for



1880-1881

1882-1883

1883-1884

1884-1885

1885-1886

1886-1887

1887-1888

1888-1889

1889-1890

1890-1891

1891-1892

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1901-1902

1902-1903

1903-1904

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1905-1906

1906-1907

1907-1908

1908-1909

1909-1910

## Abstract of Registrar General's Health Reports, 1911 to 1960

[illegible]



Date		Description		Amount		Balance	
1890	Jan 1	Balance					
	Feb 1	...					
	Mar 1	...					
	Apr 1	...					
	May 1	...					
	Jun 1	...					
	Jul 1	...					
	Aug 1	...					
	Sep 1	...					
	Oct 1	...					
	Nov 1	...					
	Dec 1	...					
1891	Jan 1	...					
	Feb 1	...					
	Mar 1	...					
	Apr 1	...					
	May 1	...					
	Jun 1	...					
	Jul 1	...					
	Aug 1	...					
	Sep 1	...					
	Oct 1	...					
	Nov 1	...					
	Dec 1	...					
1892	Jan 1	...					
	Feb 1	...					
	Mar 1	...					
	Apr 1	...					
	May 1	...					
	Jun 1	...					
	Jul 1	...					
	Aug 1	...					
	Sep 1	...					
	Oct 1	...					
	Nov 1	...					
	Dec 1	...					
1893	Jan 1	...					
	Feb 1	...					
	Mar 1	...					
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1895	Jan 1	...					
	Feb 1	...					
	Mar 1	...					
	Apr 1	...					
	May 1	...					
	Jun 1	...					
	Jul 1	...					
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1896	Jan 1	...					
	Feb 1	...					
	Mar 1	...					
	Apr 1	...					
	May 1	...					
	Jun 1	...					
	Jul 1	...					
	Aug 1	...					
	Sep 1	...					
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	Dec 1	...					
1897	Jan 1	...					
	Feb 1	...					
	Mar 1	...					
	Apr 1	...					
	May 1	...					
	Jun 1	...					
	Jul 1	...					
	Aug 1	...					
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	Nov 1	...					
	Dec 1	...					
1898	Jan 1	...					
	Feb 1	...					
	Mar 1	...					
	Apr 1	...					
	May 1	...					
	Jun 1	...					
	Jul 1	...					
	Aug 1	...					
	Sep 1	...					
	Oct 1	...					
	Nov 1	...					
	Dec 1	...					
1899	Jan 1	...					
	Feb 1	...					
	Mar 1	...					
	Apr 1	...					
	May 1	...					
	Jun 1	...					
	Jul 1	...					
	Aug 1	...					
	Sep 1	...					
	Oct 1	...					
	Nov 1	...					
	Dec 1	...					
1900	Jan 1	...					
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## INFECTIOUS DISEASE AND EPIDEMIOLOGY

### Immunization and vaccination

Advances in our knowledge of immunization of children and the availability of improved vaccines resulted in a further revision of the scheme of immunization and vaccination against diphtheria, whooping cough and smallpox operated in this Department.

A decision to use combined antigen was made mainly because it was realized that more parents would accept a complete immunization programme for their children if the number of injections were reduced.

The immunological response to separate components of the combined antigen is less complete than that obtained when single antigens are used but the prevention of disease in a community is more readily effected by a widely spread immunity, even if it is less intense, than by the total immunity of a few.

The combined antigen now in use gives the added protection of immunity against tetanus and also has the advantage that the dose is contained in half the volume previously used.

The revised schedule of times of immunization and vaccination which has been adopted in the Department since September for all children not previously immunized is as follows:—

Age	Vaccine	Injection number	Interval
Third to sixth months	Triple antigen—first (diphtheria, pertussis, tetanus)	1	
	Triple antigen—second (diphtheria, pertussis, tetanus)	2	Six weeks after No. 1.
	Triple antigen—third (diphtheria, pertussis, tetanus)	3	Six weeks after No. 2.
Seventh month ..	Poliomyelitis—first .. ..	4	At least two weeks after No. 3.
	Poliomyelitis—second .. ..	5	Four weeks after No. 4.
Ninth to twelfth months	Smallpox vaccination .. ..	—	At least two weeks after No. 5.
Sixteenth to eighteenth months	Triple antigen—fourth (diphtheria, pertussis, tetanus)	6	} At least four weeks after smallpox vaccination and at least four weeks between fourth triple and third poliomyelitis.
	Poliomyelitis — third given separately	7	
School entry ..	Combined diphtheria and tetanus	8	
Ten to twelve years	Combined diphtheria and tetanus	9	

It was realized that it is not always possible to conform to this table and a comprehensive memorandum has been issued throughout the Department and to all general medical practitioners in the City on the subject of immunization, giving tables which show how the schedule can be modified at different stages.

## Smallpox vaccination

The changes made in the ages at which the various immunization and vaccination procedures are carried out under the new schemes introduced over the past two years has resulted in a sharp fall in the numbers of children under one year of age vaccinated against smallpox. There have been slight increases in the numbers vaccinated in the 1-4 and 5-14 age groups.

No instance was reported during the year of a vaccination in which general vaccinia, post vaccinal encephalomyelitis occurred or was alleged to have occurred, or of any death from any other complication of vaccination.

The following table shows that the medical officers at the child welfare centres carry out the larger part of the work connected with the primary vaccination of young children.

	General practitioners			Child welfare centres		
	0—1	1—2	Total	0—1	1—2	Total
Successful .. .. .	1,129	131	1,260	1,712	311	2,023
Insusceptible .. ..	41	3	44	99	14	113
Totals .. .. .	1,170	134	1,304	1,811	325	2,136

The numbers of persons having successful primary vaccinations during each of the past 10 years with the percentage of children vaccinated under one year of age are shown in the following table:—

Year	Numbers of persons vaccinated					Numbers of live births	Percentage vaccinated under 1 year to live births
	under 1 year	1—4 years	5—14 years	15 years and over	Totals		
1951 ..	4,803	587	311	1,937	7,638	12,438	38·61
1952 ..	4,419	599	382	2,106	7,506	12,367	35·73
1953 ..	5,827	1,227	1,328	3,776	12,158	12,218	47·69
1954 ..	5,627	704	120	427	6,878	11,843	47·51
1955 ..	5,401	608	139	380	6,528	11,704	46·15
1956 ..	5,755	436	106	311	6,608	11,967	48·10
1957 ..	6,434	545	159	393	7,531	12,424	51·79
1958 ..	6,554	559	137	291	7,541	12,335	53·13
1959 ..	4,222	496	85	269	5,072	12,332	34·24
1960 ..	2,885	674	92	211	3,862	12,595	22·90

## Diphtheria and whooping cough immunization

The introduction in September of triple (diphtheria/pertussis/tetanus) vaccine as the routine vaccine to be used in the Department for children under five years of age meant that some alteration has had to be made in the presentation in this report of the figures relating to immunization against diphtheria and whooping cough. The tables which follow on pages 40 to 42 show the work carried out.

### Diphtheria immunization

The number of persons primarily immunized in Manchester with single or combined vaccines was 13,441, of whom 304 lived outside the City. Manchester residents immunized by outside authorities numbered 42, which means that 13,179 Manchester residents were immunized against the disease. Of these there were 9,388 children under five years of age and 3,734 children of school age (13,122 in total), an increase over the previous year when 8,089 and 3,456 (11,545) respectively received the primary injections.

The number of persons given a re-inforcing dose fell from 10,767 in 1959 to 9,759, of whom 312 lived outside the City.

### Whooping cough immunization

The number of children under five years of age immunized against whooping cough also increased. 6,206 Manchester children received a primary course of suspended whooping cough vaccine and 1,650 were vaccinated against the disease as part of a combined course of injections, a total of 7,856, the highest annual figure recorded, compared with 7,365 in 1959, vaccinated with the single antigen. 1,576 received a re-inforcing course of injections, compared with 40 the previous year.

### Mobile immunization unit

The service provided by this unit (Medical Officer: Dr. Mary Sheila Annie Carroll, M.B., B.CH., B.A.O.) was again in demand from parents unable to attend child welfare centres because of distance or home circumstances. The work of the unit, compared with the previous year, is shown in the following table:—

	Persons immunized						
	Diphtheria		Diphtheria/ whooping cough		Whooping cough		Poliomyelitis
	Complete primary course	Re-inforcing course	Complete primary course	Re-inforcing course	Complete primary course	Re-inforcing course	Complete primary course
1960 .. .. .	2,059	16	45	—	1,234	170	54
1959 .. .. .	1,540	14	—	—	1,534	—	158

Persons immunized against diphtheria and whooping cough

	Nature of immunization							
	Diphtheria			Diphtheria/whooping cough			Whooping cough	
	Complete primary course	Incomplete primary course	Re-inforcing course	Complete primary course	Incomplete primary course	Re-inforcing course	Complete primary course	Re-inforcing course
Child welfare centres . . . .	4,545	209	2	60	—	2	4,386	914
Day nurseries . . . . .	210	11	—	—	—	—	149	403
Schools and school clinics . . . .	3,937	179	8,886	—	—	—	—	—
Health office . . . . .	9	1	16	—	—	2	3	—
Mobile immunization unit . . . .	2,059	80	16	45	—	—	1,234	170
General practitioners . . . . .	739	46	399	1,128	—	110	432	26
Hospitals . . . . .	3	—	—	402	—	14	2	1
(A) Number of Manchester persons immunized in Manchester	11,502	526	9,319	1,635	—	128	6,206	1,514
(B) Manchester persons immunized by outside authorities..	2	—	—	40	—	—	—	—
(C) Persons from outside authorities immunized in Manchester . . . . .	218	3	312	86	—	—	66	6
(A+B) Total number of Manchester persons immunized . . . . .	11,504	526	9,319	1,675	—	128	6,206	1,514
(A+C) Total number of persons immunized in Manchester . . . .	11,720	529	9,631	1,721	—	128	6,272	1,520



Primary vaccinations—year ended 31st December, 1960

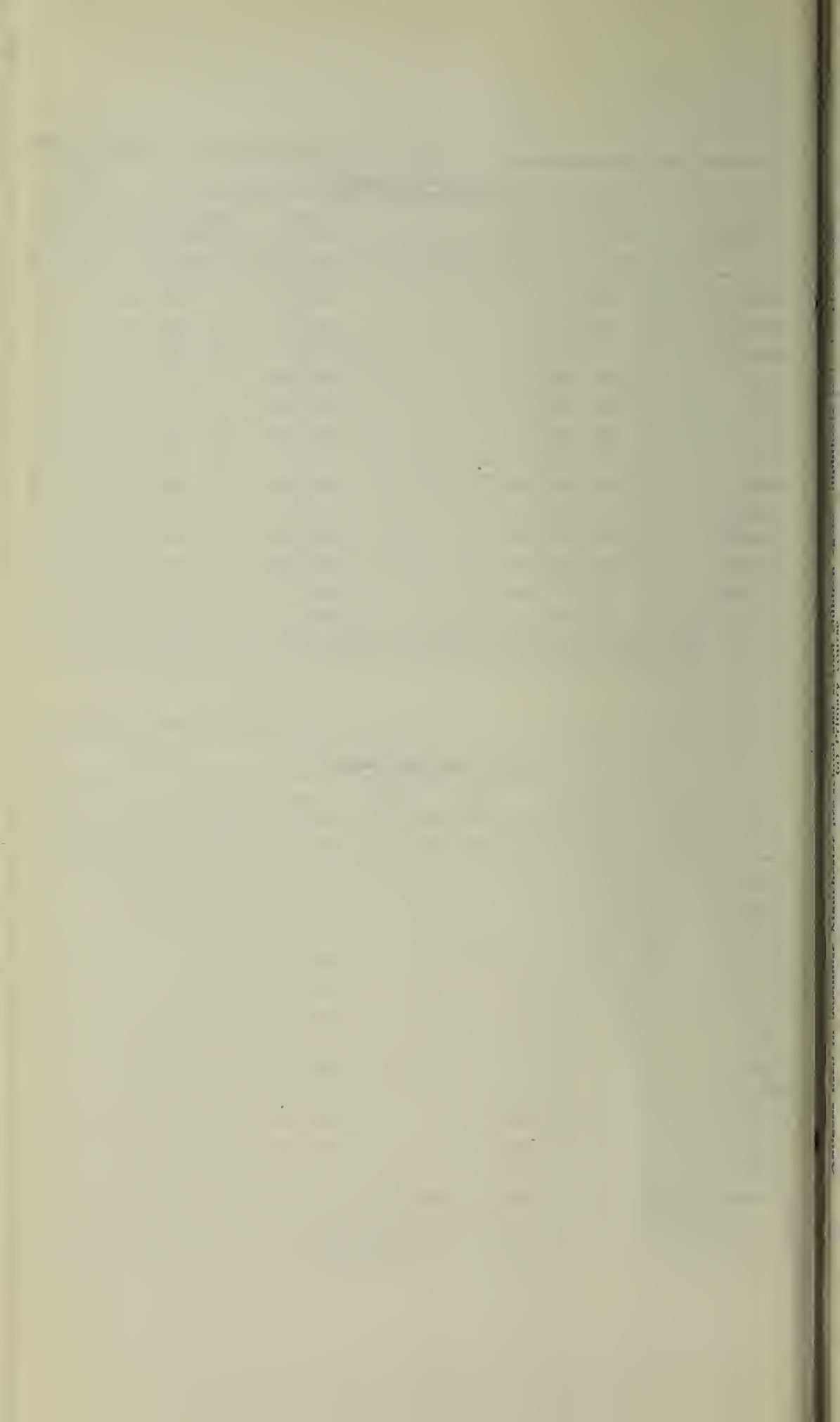
Primary vaccinations—year ended 31st December, 1960																																			Grand totals all age groups							
Month	General practitioners										Hospitals										Health office and child welfare centres										Totals											
	0-		1-		2-4		5-14		15+		0-		1-		2-4		5-14		15+		0-		1-		2-4		5-14		15+		0-		1-				2-4		5-14		15+	
	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S			P	S	P	S		
January .. .. .	94	91	4	3	—	—	3	3	9	8	3	3	2	2	2	2	—	—	9	9	152	147	9	9	7	7	—	—	1	1	249	241	15	14	9	9	3	3	19	18	295	285
February .. . . .	98	96	3	3	1	1	3	3	19	19	4	4	1	1	1	1	—	—	1	1	130	122	13	13	11	10	—	—	1	1	232	222	17	17	13	12	3	3	21	21	286	275
March .. . . .	114	109	4	4	4	3	13	10	19	18	6	6	4	4	—	—	—	—	—	—	161	153	14	14	12	12	—	—	—	—	281	268	22	22	16	15	13	10	19	18	351	333
April . . . . .	131	129	8	8	5	5	13	13	19	19	3	3	3	3	—	—	—	—	—	—	125	122	18	16	11	11	—	—	—	—	259	254	29	27	16	16	13	13	19	19	336	329
May .. . . .	126	125	15	15	4	4	9	9	30	27	7	7	—	—	—	—	—	—	—	—	184	177	28	27	13	13	—	—	—	—	317	309	43	42	17	17	9	9	30	27	416	404
June .. . . .	82	82	5	5	7	7	1	1	16	16	3	3	3	3	3	3	—	—	—	—	154	149	39	37	9	8	—	—	2	2	239	234	47	45	19	18	1	1	18	18	324	316
July .. . . .	80	75	7	7	4	4	2	2	14	14	2	2	3	3	1	1	2	2	—	—	102	100	16	15	2	2	—	—	—	—	184	177	26	25	7	7	4	4	14	14	235	227
August .. .. .	118	108	16	16	7	7	7	6	23	22	7	7	11	11	1	1	3	3	—	—	230	204	56	49	15	13	—	—	1	1	355	319	83	76	23	21	10	9	24	23	495	448
September .. . .	48	47	3	3	4	4	5	5	6	6	4	4	3	3	—	—	—	—	—	—	195	179	38	37	4	3	1	1	2	2	247	230	44	43	8	7	6	6	8	8	313	294
October .. . . .	113	109	28	27	13	13	14	14	15	14	1	1	9	9	—	—	—	—	—	—	130	122	36	36	12	11	1	1	1	1	244	232	73	72	25	24	15	15	16	15	373	358
November.. . . .	104	97	27	26	11	11	16	15	29	24	3	3	11	11	1	1	—	—	—	—	162	154	36	36	14	14	—	—	—	—	269	254	74	73	26	26	16	15	29	24	414	392
December .. . .	62	61	14	14	4	4	6	4	8	6	1	1	1	1	—	—	—	—	—	—	86	83	22	22	5	5	—	—	—	—	149	145	37	37	9	9	6	4	8	6	209	201
Totals	1170	1129	134	131	64	63	92	85	207	193	44	44	51	51	9	9	5	5	10	10	1811	1712	325	311	115	109	2	2	8	8	3025	2885	510	493	188	181	99	92	225	211	4047	3862

Re-vaccinations—year ended 31st December, 1960

Month	General practitioners										Hospitals										Health office and child welfare centres										Totals										Grand totals all age groups	
	0-		1-		2-4		5-14		15+		0-		1-		2-4		5-14		15+		0-		1-		2-4		5-14		15+		0-		1-		2-4		5-14		15+			
	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S				
January .. .. .	—	—	—	—	—	—	3	3	48	40	—	—	—	—	—	—	—	—	1	1	—	—	—	—	2	2	—	—	9	8	—	—	—	—	2	2	3	3	58	49	63	54
February .. .. .	—	—	—	—	1	1	8	7	64	60	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	8	7	65	61	74	69	
March .. .. .	—	—	—	—	—	—	9	7	96	84	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	7	96	84	105	91	
April .. .. .	—	—	—	—	2	2	13	12	87	80	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	3	3	—	—	—	—	3	2	14	13	90	83	107	93	
May .. .. .	—	—	—	—	3	1	11	5	93	76	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31	31	—	—	—	—	3	1	11	5	124	107	138	113	
June .. .. .	—	—	—	—	4	3	14	11	82	70	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17	17	—	—	—	—	4	3	14	11	99	87	117	101	
July .. .. .	—	—	—	—	—	—	5	5	40	40	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	5	5	—	—	—	—	—	—	5	5	46	46	51	51	
August .. .. .	—	—	—	—	7	6	6	5	82	73	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	4	4	—	—	—	—	7	6	7	6	86	77	100	89	
September .. ..	—	—	—	—	5	4	11	11	45	42	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	9	—	—	—	—	5	4	11	11	54	51	70	66	
October .. .. .	—	—	—	—	7	5	11	10	79	71	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	11	—	—	—	—	7	5	11	10	90	82	108	97	
November.. .. .	—	—	—	—	2	2	13	12	76	66	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	—	—	—	—	2	2	13	12	79	69	94	83	
December .. ..	—	—	—	—	2	2	—	—	48	40	—	—	—	—	—	—	—	—	1	1	—	—	—	—	2	2	1	1	4	4	—	—	—	—	4	4	1	1	53	45	58	50
Totals ..	—	—	—	—	33	26	104	88	840	742	—	—	—	—	—	—	—	—	3	3	—	—	—	—	5	4	3	3	97	96	—	—	—	—	38	30	107	91	940	841	1085	962

P=Performed.

S=Successful.



## (a) Primary course

Age	Antigen used				Number immunized against:		
	Diphtheria		Diphtheria, whooping cough and tetanus combined	Diphtheria and whooping cough combined	Diphtheria and tetanus combined	Whooping cough	Diphtheria (singly or in combination)
	F.T.	T.A.F.					
0- .. .. .	4,170	11	1,171	141	—	4,791	5,493
1- .. .. .	1,801	3	155	27	1	698	1,987
2- .. .. .	760	3	76	14	1	356	854
3- .. .. .	532	1	38	1	—	224	572
4- .. .. .	454	1	25	2	—	137	482
Totals 0-4 years .. .. .	7,717	19	1,465	185	2	6,206	9,388
5-14 years .. .. .	3,704	5	22	3	—	—	3,734
Totals 0-14 years .. .. .	11,421	24	1,487	188	2	6,206	13,122
							7,881

## (b) Re-inforcing course

0- .. .. .	—	—	—	—	—	—	—
1- .. .. .	1	2	20	—	—	38	58
2- .. .. .	2	1	11	1	—	534	546
3- .. .. .	2	3	7	1	—	487	495
4- .. .. .	27	59	19	3	1	455	477
Totals 0-4 years .. .. .	32	65	57	5	1	1,514	1,576
5-14 years .. .. .	211	8,785	48	18	3	—	66
Totals 0-14 years .. .. .	243	8,850	105	23	4	1,514	1,642



# DIPHTHERIA IMMUNIZATION

Illustrating the progress of the immunization scheme since its inception  
Numbers of Manchester persons, in age groups, having had complete courses of injections

	1928 to	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	Total under 5 years at end of 1960
Under 1 year	10798	2298	1767	2383	2540	3349	4532	4678	3863	3281	3411	3108	3495	3527	3586	3748	3743	4410	5493	
1 year	14438	3557	2927	4379	4202	3444	4747	3994	3222	4133	3931	3848	3243	3266	2508	2650	2180	2382	1987	
2 years	9963	1567	342	1258	1517	574	1139	1134	837	842	1093	940	831	1161	598	795	699	638	854	
3 "	9162	1504	168	554	1045	280	369	439	405	462	541	461	360	496	281	374	330	343	572	
4 "	9097	1710	145	342	600	202	220	189	207	420	466	398	331	430	287	311	304	316	482	
5 "	9186	1747	182	264	333	100	132	116	170	444	603	583	511	598	416	405	484	508	661	
6 "	9252	2165	199	233	269	77	91	74	171	483	381	467	375	922	445	389	540	564	617	Total 5-9 years
7 "	8736	1577	206	139	215	52	68	58	171	515	310	225	287	686	250	283	384	486	470	
8 "	8569	931	106	101	189	43	63	33	141	640	337	199	170	494	179	193	347	404	358	48490
9 "	7810	805	98	68	143	36	54	31	159	584	363	164	111	286	185	211	367	373	372	
10 "	7396	864	97	87	86	28	37	23	216	749	380	198	105	348	193	265	439	338	342	
11 "	5878	595	72	71	89	15	27	16	165	645	354	149	87	307	172	148	350	282	246	Total 10-14 years
12 "	5196	465	32	67	61	22	18	7	186	702	426	160	78	207	137	107	291	230	249	
13 "	4074	436	33	50	36	11	15	5	145	747	398	166	90	159	127	127	270	163	263	61547
14 "	1227	51	12	14	17	6	11	5	126	567	260	125	71	151	123	121	198	108	156	
15 years and over..	4243	298	139	210	155	112	108	47	60	155	68	75	80	81	44	67	62	42	57	Total 15 years & over 189938
Totals 1928-60	125025	20570	6525	10220	11497	8351	11681	10849	10244	15369	13322	11266	10225	13119	9531	10194	10988	11587	13179	333742

The totals at the end of 1960 indicate only approximately the immune population since no account is taken of any deaths

## Poliomyelitis vaccination

Under the terms of Ministry of Health circular 3/60, the arrangements for vaccination against poliomyelitis were extended to all persons who had not reached the age of 40 at the time of application and also to certain small groups not previously eligible for vaccination. In December, notification was received from the Minister of Health that, from 1st January, 1961, persons not in priority groups covered by local authority arrangements could be vaccinated by general medical practitioners with vaccine obtained through the pharmaceutical service.

Once again an increased part in the vaccination scheme has been played by general medical practitioners. The percentage of primary courses of injections given by practitioners rose from 11.3 in 1959 to 24.4 in 1960. In all, 22,294 persons received a primary course of injections as shown in the following table :—

Immunization Centre	Children born in years 1943–1960	Young persons born in years 1933–1942	Persons born before 1933 who have not passed 40th birthday	Others	Totals
Child welfare centres and day nurseries	6,873	1,112	1,990	98	10,073
Schools and school clinics .. ..	464	4	18	3	489
Town Hall .. .. .	334	880	3,457	26	4,697
Mobile immunization unit .. ..	51	1	2	—	54
Business premises .. .. .	24	312	1,069	9	1,414
General practitioners .. .. .	2,192	852	2,297	107	5,448
Hospitals .. .. .	7	88	21	3	119
Totals .. .. .	9,945	3,249	8,854	246	22,294



The next table shows the numbers of persons who have received a primary course of two injections since the scheme commenced in 1956, according to year of birth and year of vaccination :—

Year of birth	Year of vaccination					Totals
	1956	1957	1958	1959	1960	
1960 .. .. .	—	—	—	—	1,102	1,102
1959 .. .. .	—	—	—	1,043	4,887	5,930
1958 .. .. .	—	—	591	5,581	919	7,091
1957 .. .. .	—	—	4,410	2,578	574	7,562
1956 .. .. .	—	459	4,410	1,993	436	7,298
1955 .. .. .	—	477	4,365	1,724	326	6,892
1954 .. .. .	429	2,172	1,509	2,251	239	6,600
1953 .. .. .	514	2,254	1,653	2,182	189	6,792
1952 .. .. .	557	2,302	1,605	2,195	207	6,866
1951 .. .. .	620	2,366	1,589	2,093	184	6,852
1950 .. .. .	218	3,156	1,324	2,068	171	6,937
1949 .. .. .	282	3,363	1,279	2,095	143	7,162
1948 .. .. .	511	3,231	1,247	2,334	114	7,437
1947 .. .. .	617	3,309	1,404	2,434	117	7,881
1946 .. .. .	—	—	6,263	1,441	87	7,791
1945 .. .. .	—	—	5,072	1,105	55	6,232
1944 .. .. .	—	—	5,226	1,276	106	6,608
1943 .. .. .	—	—	4,154	1,444	89	5,687
Totals 1943-1960 ..	3,748	23,089	46,101	35,837	9,945	118,720
1933-1942 .. .. .	—	} 90	8,425	25,975	3,249	} 53,948
Prior to 1933 but under 40 years .. .. .	—		3,217	3,892	8,854	
Others .. .. .	—		—	—	246	
Totals .. .. .	3,748	23,179	57,743	65,704	22,294	172,668

36,379 persons received a third injection. By the 31st December a total of 134,102 persons had attended for the re-inforcing injection.

#### Oral vaccine trial

In February a letter was received from the Minister of Health seeking the co-operation of the Council with the Medical Research Council in a small clinical study of an attenuated (non-virulent) live poliovirus vaccine developed by Dr. Sabin in the United States of America, to be given by mouth. The object of the study was to ascertain the optimum dosage of the vaccine and to gain experience of its use in the conditions prevailing in the United Kingdom. The study was carried out in certain selected areas where suitable laboratory facilities were available.

The Health Committee agreed that Manchester should participate in the trial and the names of 51 children whose parents were agreeable to them taking part in the trial were obtained.

As the trial is still continuing, no results have yet been published.

#### Yellow fever vaccination

In 1959, the Minister of Health decided that certain local authorities could offer facilities for vaccination against yellow fever, as required under the International Sanitary Regulations, under the authority of their approved arrangements for the prevention of illness, in accordance with section 28 of

the National Health Service Act, 1946. Local authorities were asked to inform the Minister whether they would be willing to provide such a service to enable him to decide where centres should be established in accordance with demand. As a result, 40 local authority centres, of which Manchester was one, were designated under the International Sanitary Regulations to replace the 19 formerly established in Regional Blood Transfusion Centres and hospital laboratories. A charge was to be made to recover the full cost of the service.

The operative date for the opening of the centre in the Health Department was 1st August, and a vaccination session has been held each Wednesday afternoon since that date. Special arrangements are also made for persons requiring vaccination as an emergency measure who are unable to attend the routine session. The area covered by the centre is South East Lancashire and parts of Cheshire, Derbyshire, Staffordshire and North Wales.

During the five months of 1960 when the centre was operating, 804 persons were vaccinated as follows :—

Class of person	Adults		Children	Totals
	Male	Female		
Manchester residents .. .. .	74	42	17	133
Non-Manchester residents .. .. .	365	186	70	621
H.M. Forces and families .. .. .	27	8	15	50
Totals .. .. .	466	236	102	804

### Dry Sterilization Unit for syringes and needles

The work carried out by this Unit, accommodated within the Ambulance and Disinfecting Station, Monsall Road, Newton Heath, showed a decrease over the previous year. 113,361 sterile syringe outfits were prepared for use in connection with immunization and vaccination procedures and the taking of blood samples at ante natal clinics throughout the Department. The reduction from 189,900 outfits prepared during the previous year was mainly due to the fall in public demand for vaccination against poliomyelitis, which was at its height in 1959.

The authority of the City Council was obtained for an extension of the sterile syringe service to the Home Nursing Service. The necessary equipment, including a small motor van to be used in connection with the delivery of sterile syringe outfits throughout the City, was ordered and the new service will come into operation early in 1961.

## INCIDENCE OF INFECTIOUS DISEASES

### Smallpox

No case of smallpox was notified.

### Diphtheria

For the fifth successive year no confirmed case of diphtheria occurred. Three suspected cases were admitted to Monsall Hospital for infectious diseases, where they were diagnosed as suffering from other diseases.

The following table shows the annual totals of confirmed cases since 1951:—

Year	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Numbers of cases .....	10	7	7	—	1	—	—	—	—	—

The quinquennial averages from 1931 to 1960 shown in the table below indicate the remarkable reduction which has occurred in case incidence and mortality:—

1931-35		1936-40		1941-45		1946-50		1951-55		1956-60	
cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
1,080	74	1,414	64	636	25	85	4	5	—	—	—

### Supply of antitoxin

The Regional Hospital Board is responsible, under the National Health Service Acts, for the provision of antitoxin when required for use by general medical practitioners and supplies are obtainable from Monsall Hospital, Monsall Road, Newton Heath, Manchester, 10.

### Meningococcal infection

Twenty cases of meningococcal infection were notified and there were four deaths from the disease, a case fatality of 20 per cent. compared with 12 cases and one death (case fatality 8.3 per cent.) in 1959.

The sex and age distribution of the cases in quarters of the year was:—

Age groups	1st quarter		2nd quarter		3rd quarter		4th quarter		Totals		Deaths	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 5 years	—	1	5	2	1	2	1	—	7	5	2	1
5—9	—	1	—	1	—	—	1	—	1	2	—	1
10—14	1	1	—	—	1	—	—	—	2	1	—	—
15—24	—	—	—	—	1	—	—	1	1	1	—	—
25—34	—	—	—	—	—	—	—	—	—	—	—	—
35 and over .. ..	—	—	—	—	—	—	—	—	—	—	—	—
All ages .. .. .	1	3	5	3	3	2	2	1	11	9	2	2



Poliomyelitis

The incidence of poliomyelitis was the lowest since 1944. Of the 27 suspected cases removed to hospital, only five were confirmed as poliomyelitis, compared with 11 the previous year. All five cases were paralytic and type I poliomyelitis virus was isolated in 4 cases. Once again there were no deaths from the disease.

Only one of the confirmed cases, a boy of four years who had paralysis in the arms, legs and abdomen, had been immunized; he had received two injections five months prior to the onset of the disease. His condition has improved and he has been discharged from hospital, but is receiving physiotherapy treatment as an out-patient.

The months of onset of cases were :—

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
—	—	—	—	—	—	—	—	1	1	1	2

The following table shows the incidence of poliomyelitis and deaths during the past five years according to sex and age:—

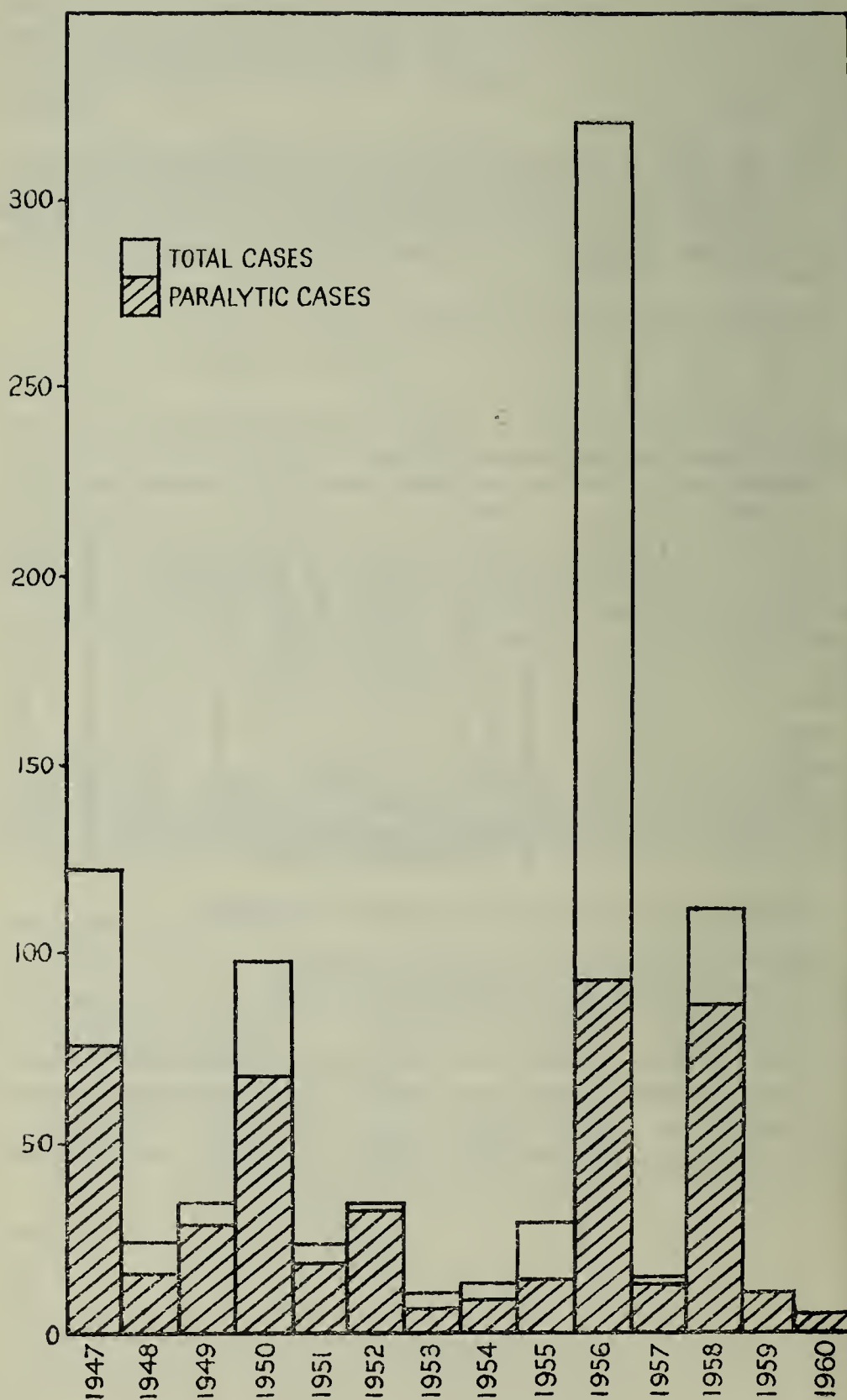
Age groups	Cases															Deaths														
	1960			1959			1958			1957			1956			1960			1959			1958			1957			1956		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Under 1 year .. .. .	—	—	—	1	2	3	4	6	10	—	—	—	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
—2 years .. .. .	1	—	1	4	2	6	17	13	30	3	1	4	15	11	26	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
—4 years .. .. .	1	1	2	—	—	—	15	10	25	1	2	3	28	23	51	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—9 years .. .. .	—	1	1	—	—	—	14	14	28	3	—	3	55	33	88	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
—14 years .. .. .	1	—	1	—	—	—	2	2	4	1	2	3	21	19	40	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—24 years .. .. .	—	—	—	—	1	1	2	5	7	—	—	—	24	28	52	—	—	—	—	—	—	—	1	1	—	—	—	2	—	2
5 and over .. .. .	—	—	—	1	—	1	6	3	9	2	—	2	31	27	58	—	—	—	—	—	—	1	—	1	—	—	—	3	2	5
Totals ..	3	2	5	6	5	11	60	53	113	10	5	15	176	145	321	—	—	—	—	—	—	3	1	4	—	—	—	5	3	8

The latest known condition of the cases is as follows:—

Sex	Age	City ward	Onset	Notified	Site of paralysis	Condition—February, 1961
M.	2 years	Ardwick ..	20-9-60	24-9-60	Right eg	Improved—wears a caliper. Attending hospital for physiotherapy.
M.	4 years	St. Luke's ..	2-11-60	7-11-60	Arms, legs and abdomen	Improving—walking with supports.
F.	8 years	Levenshulme	30-10-60	14-11-60	Facial	Improved—still attending hospital out-patient department.
M.	12 years	All Saints ..	17-12-60	19-12-60	Arms, legs	In hospital—still marked paralysis both legs.
F.	3 years	All Saints ..	22-12-60	29-12-60	Right leg	Improved—walks with slight limp



## ACUTE POLIOMYELITIS



### Acute encephalitis (infective—post infectious)

Three cases of post-infectious encephalitis were notified, two following mumps and one following infective hepatitis. The latter case, a boy of four years, died in hospital.

### Pneumonia

Cases of pneumonia notified numbered 207, consisting of:—

Primary pneumonia	{	lobar	..	..	..	111	} 207
		lobular	..	..	..	35	
		unclassified	..	..	..	54	
Influenzal pneumonia		..	..	..	..	7	

### Malaria

No notification of malaria was received.

### Anthrax

From 1st December this disease, previously notifiable under the Factories Acts, became notifiable also to the Medical Officer of Health under the Public Health (Infectious Diseases) Amendment Regulations, 1960. No case came to the notice of the Department, either informally prior to the date when notification became compulsory or afterwards by formal notification.

### Measles and German measles

The incidence of measles continued to be reasonably low during the first 10 months of the year, but the number of cases notified in November and December rose to a weekly maximum of 244.

Cases of German measles were more than double those for the previous year but were still only half the average for the previous 10 years.

The quarterly incidence of cases is shown in the following table:—

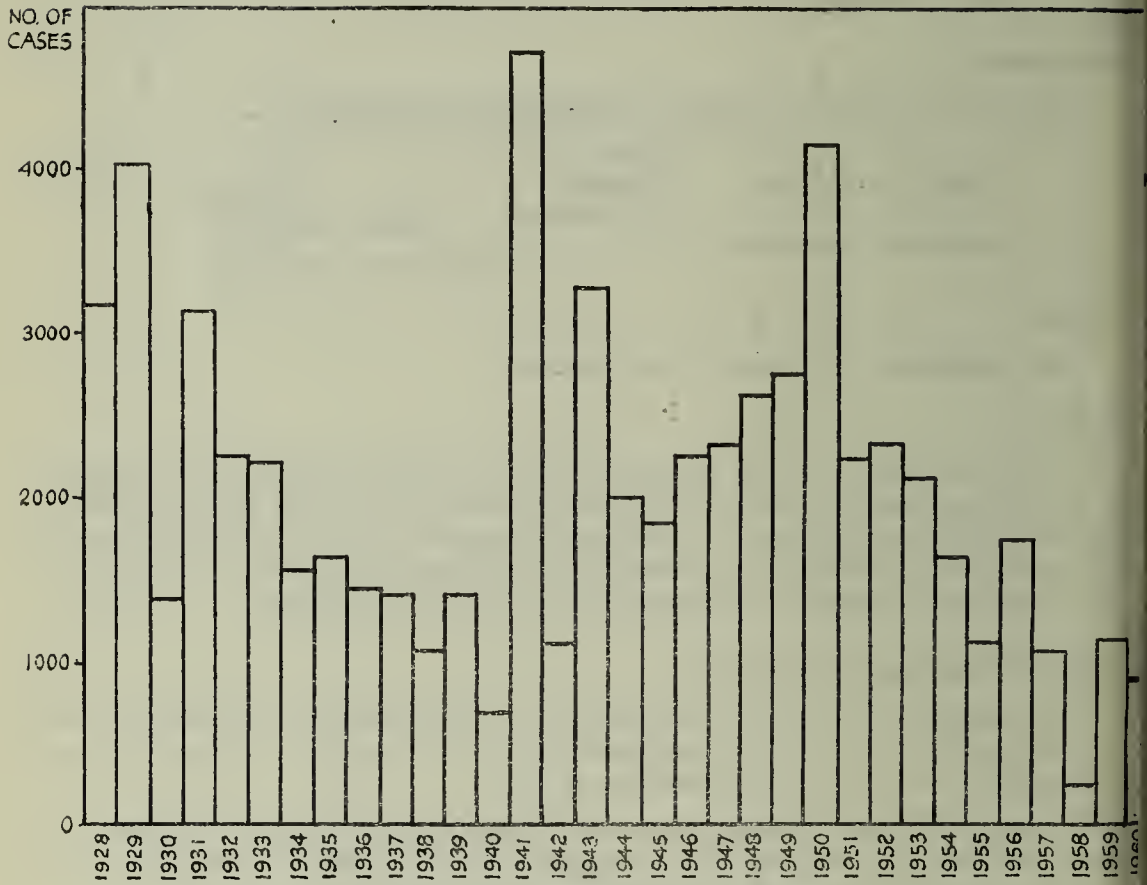
Disease	Cases notified				
	1st quarter	2nd quarter	3rd quarter	4th quarter	Totals
Measles .. .. .	512	1,179	1,129	1,536	4,356
German measles .. .	193	331	417	184	1,125

### Whooping cough

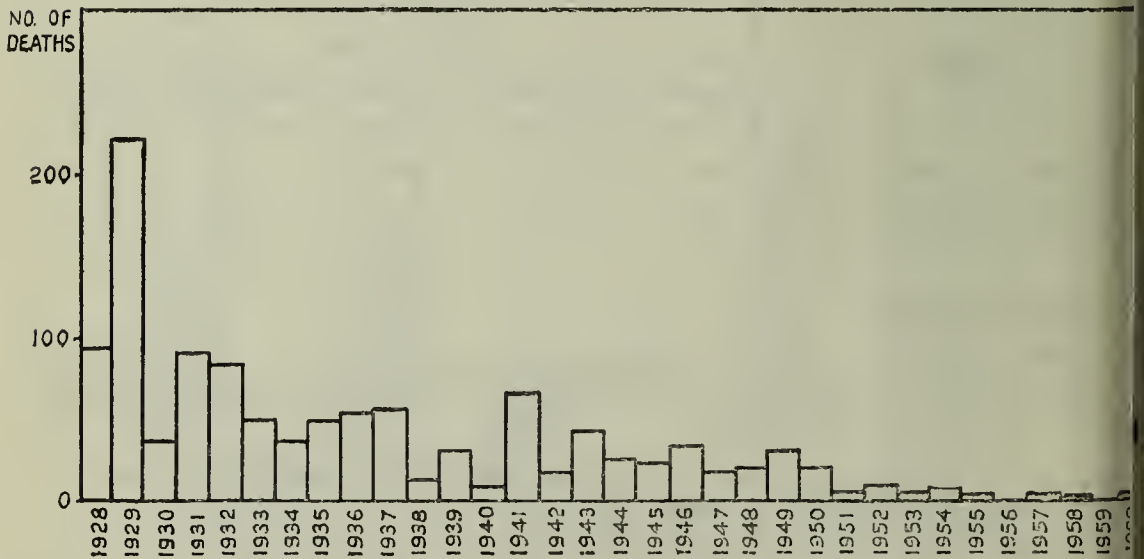
The number of cases of whooping cough notified fell to 849 compared with 1,148 in 1959, and there was one fatal case. Incidence was steady throughout each quarter of the year.

Details relating to the numbers of cases and deaths since 1928 are shown in the chart which follows on page 50.

## WHOOPING COUGH CASES



## WHOOPING COUGH DEATHS



## Typhoid and paratyphoid fever

No case of typhoid fever occurred but there were two single outbreaks and one family outbreak of paratyphoid fever. The family outbreak consisted of three cases and three symptomless excretors. The sources of illness were not discovered and none of the cases proved fatal.

## Dysentery

Dysentery cases notified or otherwise ascertained numbered 611, of which 344 were accepted as dysentery. Of these 344 were confirmed bacteriologically as *Sh. sonnei* and 13 as *Sh. flexner*, whilst in the remaining 235 cases the causative organism was not identified. The highest incidence of the disease was in the second quarter of the year, mainly due to outbreaks in two residential homes for old people.

The following table shows the corrected notifications by sex and age group, in the four quarters of the year:—

Age group	1st quarter		2nd quarter		3rd quarter		4th quarter		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 years.. ..	21	26	42	40	28	23	26	26	117	115
5-14 years .. ..	31	21	23	20	9	10	22	8	85	59
15-44 years .. ..	52	47	65	60	37	33	48	34	202	174
45 years and over ..	12	31	29	87	4	28	6	19	51	165
Totals .. ..	64	78	94	147	41	61	54	53	253	339



### Scarlet fever

The number of notifications fell by 192 to 448, compared with the previous year. The first and fourth quarters accounted for 65 per cent. of the cases which showed a similar age group distribution over the year to previous years, namely 37 per cent. in children under 5 years of age, 61 per cent. in children between 5 and 14 years of age, and 2 per cent. in persons aged 15 years and over.

### Erysipelas

Twenty-six cases were notified.

### Acute rheumatism

Notifications under the Acute Rheumatism (Amendment) Regulations 1959, numbered 17 and two further cases were reported as having been notified to a neighbouring authority of Manchester children in hospital in that area. This compared with 25 in eleven months in the previous year.

The cases were classified as follows:—

Clinical classification	Age in years								Total	
	0—4		5—9		10—14		15 and over			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Rheumatic pains without heart disease ..	—	—	4	4	4	3	—	1	8	—
Rheumatic heart disease (active) .. ..	—	—	—	—	—	—	—	—	—	—
Rheumatic heart disease (quiescent) .. ..	—	—	—	2	—	—	—	—	—	—
Rheumatic chorea (alone) .. .. .	—	—	—	—	—	—	—	—	—	—
Total rheumatic cases .. .. .	—	—	4	6	4	3	—	1	8	—
Congenital heart disease .. .. .	—	—	—	1	—	—	—	—	—	—
Other non-rheumatic heart disease .. ..	—	—	—	—	—	—	—	—	—	—
Not rheumatic or cardiac disease .. .. .	—	—	—	—	—	—	—	—	—	—
Total non-rheumatic cases .. .. .	—	—	—	1	—	—	—	—	—	—

All the cases at present on the acute rheumatism register are children between the ages of 5 and 15 years and regular contact has been maintained with these children through the School Health Service. One child was removed from the register, leaving 40 cases still on the register at 31st December.

### Consultations

No requests were received from medical practitioners for medical office from the Department to visit cases where the diagnosis of an infectious disease was in doubt.

### International certificates of vaccination

As required under the International Sanitary Regulations, 3,149 international certificates of vaccination and inoculation, issued to travellers and signed by doctors practising in the City, were checked and countersigned. This compared with 3,006 in 1959 and 1,474 in 1958. These certificates are in addition to those issued in the Department to persons receiving yellow fever vaccination.

Food poisoning

No. of outbreaks	No. of cases	Single cases	Remarks
11 .. .. .	124		Agent identified
5 .. .. .	18		Agent unknown
		57	Agent identified
		21	Agent unknown
Totals .. 16	142	78	
	220		

Summary : Number notified ..	92
Number ascertained	128
Total ..	220

Brief details of the cases where the causal agent was identified are contained in the following schedule of food poisoning incidents copied in the suggested form for annual returns to the Minister of Health as an Appendix D (ii) of the revised Memorandum 188-Med. 1958:—

Summary of food  
Cases where caus

Outbreak caused by		Cases		Illness—clinical features			
Food	Agent	Notified	Ascertained	Average incubation	Main symptoms	Severity	Duration
1. Not known.. ..	Salmonella typhimurium	2	—	Not known	Diarrhoea .. .. .	Mild	2 days
2. Not known.. ..	do.	1	—	Not known	Severe headache and pyrexia	Moderate	Hospitali
3. Not known.. ..	do.	1	—	Not known	Abdominal pain, diarrhoea..	Moderate	Hospitali
4. Not known.. ..	do.	1	—	Not known	Vomiting, diarrhoea, abdomi- nal and back pain	Moderate	Hospitali
5. Not known.. ..	do.	1	—	Not known	Diarrhoea .. .. .	Moderate	Hospitali
6. Not known.. ..	do.	1	—	Not known	Abdominal pain, diarrhoea and pyrexia	Moderate	6 days
7. Not known.. ..	do.	1	—	Not known	Pyrexia, vomiting, abdominal pain	Moderate	2 days
8. Not known.. ..	do.	1	—	Not known	Abdominal pain, vomiting, diarrhoea	Moderate	4 days
9. Not known.. ..	do.	1	—	Not known	Diarrhoea .. .. .	Very mild	36 hou
10. Not known.. ..	do.	1	—	Not known	Abdominal pain and nausea..	Mild	4/5 day
11. Not known.. ..	do.	—	1	Not known	Abdominal pain, anorexia, diarrhoea	Moderate	Hospitali
12. Not known.. ..	do.	1	—	Not known	Persistent abdominal pain ..	Mild	About weeks
13. Not known.. ..	do.	1	—	Not known	Abdominal pain, pyrexia and diarrhoea	Moderate	7 days
14. Not known.. ..	do.	1	—	Not known	Loose stools .. .. .	Very mild	3 days
15. Not known.. ..	do.	—	1	Not known	Slight abdominal pain over long period	Mild	?
16. Not known.. ..	do.	—	1	Not known	Vomiting and slight diarrhoea	Mild	4/5 day
17. Not known.. ..	do.	1	—	Not known	Pyrexia, abdominal pain, diarrhoea	Moderate	Hospitali
18. Not known.. ..	Salmonella typhimurium Salmonella seftenberg }	2	—	Not known	Pyrexia, diarrhoea, abdomi- nal pain.	Moderate	{ Hospita ized
					Headache and pyrexia	Mild	1 day
19. Not known.. ..	Salmonella typhimurium	—	1	Not known	Abdominal pain, headache and diarrhoea	Moderate	Hospital
20. Not known.. ..	do.	2	—	Not known	Abdominal pain, vomiting, diarrhoea, pyrexia	Moderate	7 day
21. Not known.. ..	do.	1	—	Not known	Diarrhoea and vomiting ..	Moderate	Hospital
22. Not known.. ..	do.	1	—	Not known	Abdominal pain, vomiting and headache	Moderate	Hospital
23. Not known.. ..	do.	1	—	Not known	Abdominal pain, nausea, diarrhoea, pyrexia	Mild	7 day
24. Not known.. ..	do.	1	—	Not known	Abdominal pain, diarrhoea ..	Moderate	3/4 da



# isoning cases 1960

nts were identified

Cases (faecal specimens)	Results of laboratory investigations			Origin and preparation of food suspected	Place at which food causing illness was consumed	Estimated number at risk	Probable origin of infection or contamination of food.
	Food samples	Food handlers (faecal specimens)	Other (faecal specimens)				
Positive	—	—	—	Prepared at home	Home	4	Not known.
Positive	—	—	1— negative	Prepared at home	Home	4	Not known.
Positive	—	—	3+ve symptomless excretors	Prepared at home	Home	6	Not known.
Positive	—	—	—	Mainly at home	Mainly at home	2 at home	Not known.
Positive	—	—	—	Prepared at home	Home	3	Not known.
Positive	—	—	—	Prepared at home	Home	4	Not known.
Positive	—	—	—	Prepared at home	Home	3	Not known.
Positive	—	—	2— negative	Prepared at day nursery and at home	Day nursery or home	4 at home	Not known.
Positive	—	—	1+ve Sonne dysentery	Mainly at home	Mainly at home	3	Not known.
Positive	—	—	—	Mainly at home	Mainly at home	4	Not known.
Positive	—	—	3— negative	School or at home	School or at home	8	Not known.
Positive (food handler)	Various foods 9— negative	8— negative	2— negative	School or at home	School or at home	4 at home	Not known.
Positive	—	—	—	Workplace or at home	Workplace or at home	3	Not known.
Positive	—	—	mice excreta — negative	Day nursery or at home	Day nursery or at home	3 at home	Not known.
Positive	—	—	1— negative	Home and other places	Home and other places	2?	Not known.
Positive	—	—	—	Day nursery and at home	Day nursery and at home	6	Not known.
Positive	—	—	—	At home or workplace	At home or workplace	4	Not known.
Positive	—	—	1— negative	At home or school	At home or school	6 at home	Not known.
Positive	—	1— negative	—	At home or at cafes	At home or at cafes	3 at home	Not known.
Positive	—	—	1— negative	Home	Home	8	Not known.
Positive	—	—	—	Home	Home	8	Not known.
Positive	—	—	—	Home	Home	13	Not known.
Positive	—	—	—	Home	Home	4	Not known.
Positive	—	—	2— negative	Home	Home	3	Not known.

Outbreak caused by		Cases		Illness—clinical features			
Food	Agent	Notified	Ascertained	Average incubation	Main symptoms	Severity	Duration
Not known.. ..	Salmonella typhimurium	2	—	Not known	Vomiting and diarrhoea ..	Mild	7 days
Not known.. ..	do.	1	—	Not known	Abdominal pain, vomiting and diarrhoea	Mild	6/7 days
Not known.. ..	do.	1	—	Not known	Abdominal pain, diarrhoea and vomiting	Moderate	2 weeks
Not known.. ..	do.	1	—	Not known	Diarrhoea and nausea .. ..	Mild	6/7 days
Not known.. ..	do.	1	—	? 8 hours	Pyrexia, abdominal pain and diarrhoea	Moderate	9 days
Not known.. ..	do.	1	—	Not known	Pyrexia, abdominal pain and diarrhoea	Moderate	Hospitalized
Not known.. ..	do.	1	—	Not known	Abdominal pain, pyrexia ..	Mild	2 days
Not known.. ..	do.	1	—	Not known	Vomiting, abdominal pain, diarrhoea	Moderate	Hospitalized
Not known.. ..	do.	1	—	Not known	Abdominal pain, vomiting, diarrhoea	Mild	4 days
Not known.. ..	do.	—	1	Not known	Pyrexia, abdominal pain, diarrhoea	Moderate	Hospitalized
Not known.. ..	do.	1	—	Not known	Abdominal pain, diarrhoea ..	Moderate	7 days
Not known.. ..	do.	1	—	Not known	Nausea, abdominal pain, diarrhoea	Moderate	2 weeks
Not known.. ..	do.	1	—	Not known	Severe abdominal pain, pyrexia, vomiting and diarrhoea	Mild	3 days
Not known.. ..	do.	1	—	Not known	Diarrhoea, abdominal pain, vomiting	Moderate	Hospitalized
Not known.. ..	do.	1	—	Not known	Diarrhoea .. .. .	Moderate	Hospitalized
Not known.. ..	do.	1	—	Not known	Diarrhoea and abdominal pain	Moderate	7 days
Not known.. ..	do.	—	1	Not known	Abdominal pain, diarrhoea and vomiting	Fatal	Hospitalized
Not known.. ..	do.	—	1	Not known	Abdominal pain, anorexia ..	Moderate	Hospitalized
Not known.. ..	do.	—	—	—	Symptomless excreter .. ..	—	—

es al ens)	Results of laboratory investigations			Origin and preparation of food suspected	Place at which food causing illness was consumed	Estimated number at risk	Probable origin of infection or contamination of food.
	Food samples	Food handlers (faecal specimens)	Other (faecal specimens)				
ve es 1 d ler)	—	—	—	Home	Home	3	Not known.
ve also d ler)	—	—	—	At works canteen or at home	At works canteen or at home	7 at home	Not known.
ve	—	—	—	Home	Home	6	Not known.
ve	—	—	—	Home	Home	4	Not known.
ve	—	—	—	Home	Home	4	Lightly boiled egg in milk.
ve	—	—	—	Home	Home	5	Lightly boiled egg in milk.
ve	—	—	—	Home	Home	5	Not known.
ve	—	—	—	Home	Home	5	Not known.
ve	—	—	—	Home	Home	4	Not known.
ve	—	—	2— negative	Home or at school	School or at home	5 at home	Not known.
ve	—	—	—	At cafes or at home	At cafes or at home	5	Not known.
ve	4 cream cakes —negative	1+ve (wife symptom- less excreter)	—	Works canteen or at home	Works canteen or at home	2 at home	Not known.
ve	Jelly crystals 1— negative	2— negative (parents)	—	School or at home	School or at home	4 at home	Not known.
ve	—	—	—	Home	Home	1	Not known.
ve	—	—	—	Home	Home	6	Not known.
ve	—	—	—	Home	Home	4	Not known.
st tem led: onary obosis tro- ritis	—	1— negative	—	At home or at work as domestic worker	At home or at work as domestic worker	4 at home	Not known.
ve	—	—	—	At home	At home	4	Not known.
ve tine men n cision es- tial ery	—	—	—	—	—	—	Not known.



Outbreak caused by		Cases		Illness—clinical features			
Food	Agent	Notified	Ascertained	Average incubation	Main symptoms	Severity	Duration
Not known.. ..	Salmonella typhi murium	—	—	—	Symptomless excreter .. ..	—	—
Not known.. ..	do.	1	—	Not known	Abdominal pain and diarrhoea	Moderate	Hospital
Not known.. ..	Salmonella brandenburg	1	—	Not known	Abdominal pain, nausea, diarrhoea	Moderate	7 days
Not known.. ..	do.	1	—	Not known	Diarrhoea and vomiting ..	Mild	About 7
Not known.. ..	do.	1	—	Not known	Abdominal pain, diarrhoea ..	Moderate	Hospital
Not known.. ..	Salmonella thompson	1	—	Not known	Abdominal pain, diarrhoea ..	Mild	7 days
Not known.. ..	do.	1	—	Not known	Diarrhoea .. .. .	Mild	2/3 day
Not known.. ..	do.	—	1	Not known	Pyrexia, vomiting, diarrhoea	Mild	2 day
Not known.. ..	do.	—	1	Not known	?	?	Hospital for pregnant
Not known.. ..	do.	1	—	Not known	Abdominal pain and diarrhoea	Mild	4/5 day
Not known.. ..	Salmonella paratyphi B.	1	—	Not known	Shivers, languid, headache, sore throat, general body aches, later abdominal pain, diarrhoea	Moderate	3 weeks
Not known.. ..	do.	—	3	Not known	Languid, sore throat, anorexia, diarrhoea	1 moderate 2 mild	1 hospitalized
Not known.. ..	do.	1	—	Not known	Pyrexia, anorexia, constipation, collapsed	Moderate	Hospital
Not known.. ..	Salmonella montevideo	—	1	Not known	Diarrhoea .. .. .	Mild	Hospital

Cases (faecal specimens)	Results of laboratory investigations			Origin and preparation of food suspected	Place at which food causing illness was consumed	Estimated number at risk	Probable origin of infection or contamination of food.
	Food samples	Food handlers (faecal specimens)	Other (faecal specimens)				
+ve routine specimen on mission nursing college	—	—	—	—	—	—	Not known.
+ve	—	—	1— negative	At home	At home	6	Not known.
+ve	—	—	—	Home or at friend's home	Home or at friend's home	4 at home	Not known.
+ve	—	—	—	Works canteen or at home	Works canteen or at home	2 at home	Not known.
+ve	—	—	—	Mainly at home	Mainly at home	4	Not known.
+ve	cream trifle 2— negative	—	1— negative	At home	At home	3	Cream trifles suspected.
+ve	—	—	—	School or at home	School or at home	9 at home	Not known.
+ve	—	—	—	School or at home	School or at home	4 at home	Not known.
+ve	4— negative (3 meat pies 1 meat pudding)	—	—	? Hospital	? Hospital	?	Not known.
+ve also food handler)	—	—	1— negative	Mainly at home	Mainly at home	2	Not known.
+ve	—	—	—	Home, various cafes and place of work	Home, various cafes and place of work	4 at home	Not known.
+ve	—	—	3+ve symptomless excreters	Home, school, and works canteen	Home, school, and works canteen	9 at home	Not known.
+ve +ve (urine)	—	—	3— negative	At home, school, friend's home	At home, school or friend's home	4 at home	Not known.
+ve	—	—	—	Home	Home	3	Not known.

Outbreak caused by		Cases		Illness—clinical features			
Food	Agent	Notified	Ascertained	Average incubation	Main symptoms	Severity	Duration
Not known.. ..	Salmonella cholera-suis (var kunzendorf)	—	1	Not known	Shivering, vomiting, severe diarrhoea, backache, anorexia	Fatal 7th Feb., 1960	Hospitalized 25th Nov. 1959
Not known.. ..	Salmonella binza	1	—	Not known	Pyrexia, vomiting, diarrhoea..	Moderate	5/6 days
Not known.. ..	Salmonella newport	2	—	Not known	Abdominal pain, vomiting and diarrhoea	Moderate	Hospitalized
Not known.. ..	Salmonella newport and bradeney	—	1	Not known	Abdominal pain .. .. .	Mild	Hospitalized
Not known.. ..	Salmonella bovis—morbificans	1	—	Not known	Abdominal pain, diarrhoea and vomiting	Mild	Hospitalized for 3 weeks
Not known.. ..	Salmonella heidelberg	1	—	Not known	Abdominal pain and diarrhoea	Mild	8/10 days
Not known.. ..	Salmonella menston	1	—	Not known	Pyrexia, diarrhoea .. ..	Mild	Hospitalized for pregnancy
Corned beef ..	Staph. aureus	1	—	2/3 hours	Abdominal pain, diarrhoea and vomiting	Moderate	Hospitalized
"Top side" of beef	Clostridium welchii	5	—	11/12 hrs.	Abdominal pain, diarrhoea, slight vomiting	Moderate	2/3 days
Roast lamb and gravy	do.	—	8	12/15 hrs.	Abdominal pain and diarrhoea	Mild	3 days
Minced beef loaf..	do.	—	14	12 hours	Abdominal pain and diarrhoea	Mild	2/3 days
Roast turkey ..	do.	—	50	12/14 hrs.	Abdominal pain and diarrhoea	Mild	1/3 days
Braised steak and gravy	do.	—	34	12/14 hrs.	Abdominal pain and diarrhoea	Mild	1/3 days



Cases (faecal specimens)	Results of laboratory investigations			Origin and preparation of food suspected	Place at which food causing illness was consumed	Estimated number at risk	Probable origin of infection or contamination of food.
	Food samples	Food handlers (faecal specimens)	Other (faecal specimens)				
Post mortem reported : Shigella dysenteriae to be detected in stools checked wall left article. Central phosis. Luspid phosis -ve	—	—	—	Home	Home	2	Not known.
-ve	—	—	2+ve symptomless excreters	At home or school	At home or school	4 at home	Onset followed children's party.
-ve	—	—	4— negative	At home	At home	8	Not known.
-ve	—	—	1— negative	At home or workplace	At home or workplace	4 at home	Not known.
-ve	—	—	—	In Belgium	In Belgium	?	Meat suspected.
-ve	—	—	—	Home and friend's house	Home and friend's house	3 at home	Not known.
-ve	—	—	1— negative	Home and hospital	Home and hospital	3 at home	Not known.
-ve	1+ve staph. aureus	—	1— negative	Kenya	Home	2	In Kenya.
-ve	—	—	—	Home	Home	5	Not known.
-ve	—	—	—	Kitchen attached to office dining room	Office dining room	104	Meat and gravy retained overnight.
-ve (includes food handlers)	9 articles of food —negative	1+ve Salmonella typhimurium 4+ve Cl. welchii 1— negative	—	School canteen kitchen	School canteen	402	Addition of meat essence during mince and cooling.
-ve	1+ve Roast turkey	Nil	—	Works canteen kitchen	Works canteen	250	Reheated turkey served two days after being first cooked.
-ve (includes food handlers)	—	Braised steak and gravy +ve	—	Works canteen kitchen	Works canteen	220	Braised steak and gravy cooked, stored overnight and reheated.

## GENERAL MEDICAL SERVICES

### *Medical screening of entrants to the Corporation service*

Since 1957 a system of medical screening of entrants to the Corporation service has been in operation. The system has given satisfaction in all departments of the Corporation and has saved considerable expense which had previously been incurred in paying for medical examinations to be undertaken by independent medical consultants.

All entrants to the service now complete a medical questionnaire, which is a comprehensive form designed to obviate the necessity of a medical examination as a general routine; these, however, are still arranged for staff who will be working in the day nurseries and in certain sections of the Children's Department.

Completed medical questionnaire forms are considered by the Medical Officer of Health and, where information given is inadequate or indicative of an unsatisfactory medical history, further enquiry is made through the general medical practitioner concerned, permission for this being included under the applicant's signature. If any doubt remains as to the applicant's fitness for duty a medical examination is then arranged with a medical consultant independent of the Corporation.

820 questionnaires were examined by the Medical Officer of Health; 13 applicants were rejected on medical grounds and seven were medically examined, of whom one was subsequently rejected as unfit. In addition, three applicants of the Children's Department were rejected after medical examination.

### *Retirements through incapacity*

Under the provisions of the Manchester Corporation Superannuation Scheme, medical examinations are arranged under the direction of the Medical Officer of Health for all employees who become incapacitated for the further performance of their duties and make application for retirement on superannuation. If the applicant is considered unfit to continue working, the Medical Officer of Health signs a certificate to this effect. 78 applicants were considered and the necessary certificates signed.

The Transport Department employ their own medical officer who conducts the necessary medical examinations and his reports are submitted to the Medical Officer of Health. A certificate of incapacity is signed by the Medical Officer of Health if he considers that the medical evidence substantiates the application.

Details of the medical questionnaire forms examined and the medical examinations carried out by the medical staff of the Department and by independent consultants are shown in the following table:—

Medical examination of staff and entrants to the Corporation service

Department	Medical questionnaire forms examined—entrants	Medical examinations arranged—entrants	Retirements on incapacity—staff	Miscellaneous—staff	Totals
Airports .. .. .	4	—	—	—	4
Art Gallery's .. .. .	2	—	—	—	2
Baths and Laundries ..	2	—	—	—	2
Children's .. .. .	57	52	—	6	115
City Architect's .. ..	28	—	1	3	32
City Surveyor and Engineer's .. .. .	34	1	3	1	39
City Treasurer's .. ..	34	—	1	—	35
Cleansing .. .. .	—	—	12	5	17
Direct Works .. .. .	1	—	1	2	4
Education .. .. .	—	—	5	—	5
Fire Brigade .. .. .	—	—	—	1	1
Health .. .. .	452	139	4	6	601
Housing .. .. .	29	—	4	3	36
Libraries .. .. .	57	—	1	2	60
Lord Mayor's .. .. .	1	—	—	—	1
Markets .. .. .	1	—	—	—	1
Parks and Cemeteries ..	2	—	2	3	7
Police .. .. .	15	—	—	1	16
Probation Service .. ..	4	2	—	—	6
Rivers .. .. .	3	—	—	—	3
Stationery .. .. .	4	—	—	1	5
Town Clerk's .. .. .	17	—	—	1	18
Town Hall Superintendent's	3	—	—	—	3
Transport .. .. .	—	—	41	—	41
Waterworks .. .. .	32	1	1	—	34
Weights and Measures ..	1	—	—	—	1
Welfare Services .. ..	37	3	2	12	54
Totals .. .. .	820	198	78	47	1,143
For other local authorities	—	24	—	—	24
GRAND TOTALS ..	820	222	78	47	1,167

NOTE— \* 139 of the 452 medical questionnaire forms examined are also included as medical examinations arranged. The staff concerned are day nursery staff who are medically examined by the Department's own medical staff and also complete a medical questionnaire. Also, 52 of the 57 medical questionnaire forms examined for the Children's Department are included as medical examinations arranged. The staff concerned are medically examined by a consultant independent of the Corporation and also complete a medical questionnaire.

† The medical questionnaire forms of entrants into the service of the Education Department are examined within the School Health Service.

‡ The Transport Department have their own medical officer who examines the medical questionnaire forms of administrative staff.



### *Cremation certificates*

The Medical Officer of Health is the Medical Referee for the Blackley Crematorium and Drs. A. M. M. Grierson, B. J. Griffiths, C. A. Royde and Anne D. Lepine have been appointed deputy medical referees.

The duties involve the examination of a medical certificate submitted by the doctor who has attended the deceased and the confirmatory medical certificate given by another doctor. The medical referee must be satisfied that all the documents are in order and, also, must be satisfied with the answers, signatures and qualifications of the two doctors signing the forms. A total of 441 certificates were examined.

### *Examination of children referred by the Children's Department*

The Medical Officer of Health, when requested, makes arrangements for "freedom from infection" examinations to be made of children who are being taken into care by the Children's Department.

### *Medical inspection of aliens at Manchester Airport*

The Medical Officer of Health, in his capacity of Medical Officer of Health at Manchester Airport, is responsible for health control and medical inspection of aliens at the Airport. Under present arrangements, a panel consisting of eight general medical practitioners and three medical officers of the Department who all act under the administrative control of the Medical Officer of Health are appointed as medical inspectors of aliens and for health control duties. All the general practitioners practise close to the Airport and can attend quickly should need arise. The number of aliens examined in the year was 105. There were no aircraft arrivals direct from infected areas. Four aircraft were diverted from London Airport during this period but none of these was from an infected area. The total number of passengers concerned was 156.

### *Examination of Waterworks Department staff*

The staff of the Waterworks Department employed on repair work on the pipe lines carrying water from Thirlmere and Haweswater were tested as in previous years to discover whether there were any carriers of the enteric group of diseases.

Blood is taken for Widal tests by a medical officer of the Health Department or by a medical practitioner employed at Kirby Lonsdale (which is the northern depot for the repair services), and three consecutive specimens of faeces and urine were submitted at weekly intervals for bacteriological examination by the Public Health Laboratory Service. One hundred employees were tested in this way, none of whom was found to be a carrier of enteric disease.

### *Rehousing on medical grounds*

To assist in an assessment of housing priority on health grounds, general practitioners and hospital authorities in the area have been asked to co-operate by submitting information concerning applicant families to the Medical Officer of Health. This procedure has functioned satisfactorily and 2,827 cases were considered by the administrative medical staff following communications from applicants themselves, hospitals, family doctors, welfare organizations and other sources. An investigation of the existing housing conditions of the applicant families was carried out by the housing inspector and the supporting medical evidence was then carefully considered in conjunction with the reports.

1,888 applications for rehousing and 939 applications for transfer were considered on medical grounds.

The Director of Housing is informed of the Medical Officer of Health's recommendation in each case and his attention is directed to any family found to be living in overcrowded conditions.

The number of cases brought to the notice of the Department during the year was smaller than the number dealt with in the previous year (3,309 cases) but it is evident from the case files that very many families in the City are suffering from illness associated with damp, dilapidated, overcrowded and seriously unfit dwellings.

The continued delay in the rehousing of the large number of families on the Corporation waiting list who have been recommended priority on urgent medical grounds still persists, and unless there is an increase in the provision of new houses in the near future is likely to do so for some considerable time.

#### *Staff welfare*

There is an accident and welfare room available in the basement of the Town Hall for the use of staff who are involved in accidents or taken ill while at work. 119 persons were given attention.

### MENTAL HEALTH SERVICE

This has been a most momentous year for mental health in that it has seen the full implementation of the Mental Health Act, 1959, with its emphasis away from hospital care and towards care in the community. A change of this magnitude cannot be put into operation overnight and the work of developing community services will necessarily have to be spread over a number of years. Reference is made in this report to progress which has been made in the development of the Mental Health Service and details of the City Council's proposals for mental health under Section 28 of the National Health Service Act, 1946, are given at the end of the report.

Up to 31st October, 1960, action was taken under the Lunacy and Mental Treatment Acts and the Mental Deficiency Act but, from 1st November, 1960, these Acts were superseded by the Mental Health Act, 1959. Where necessary, therefore, the report contains details of action up to 31st October and from 1st November onwards.

#### *Administration*

##### *The Mental Health Sub-committee*

The Mental Health Sub-committee, consisting of 17 members, is responsible, through the Health Committee, for the Council's scheme for mental health services under Section 28 of the National Health Service Act, 1946. Meetings of the Sub-committee are held monthly except in May and August. Any three members of the Health Committee are authorized to exercise the power of the local health authority under Section 47 of the Mental Health Act, 1959, to discharge a patient from guardianship.

#### *Staff*

The Medical Officer of Health, the Deputy Medical Officer of Health, the Senior Medical Officer (Administrative) and the Assistant Medical Officer (Administrative and Clinical) are approved in accordance with the provisions of Section 28 (2) of the Mental Health Act, 1959, for the purpose of giving medical recommendations under Parts IV and V of the Act and are authorized to act as responsible medical officers in relation to patients under guardianship; they are authorized to exercise on behalf of the local authority any function

(other than the power of discharge) in relation to guardianship, to receive documents on behalf of the local health authority under the Act and to act under Regulation 24 (2) of the Mental Health (Hospital and Guardianship) Regulations, 1960.

The staffing of the Mental Health Service, excluding training centres and hostels, is as follows:—

Senior Medical Officer .. .. .	1
Senior Administrative Assistant .. .. .	1
Administrative Assistant .. .. .	1
Clerical Officer (Employment) .. .. .	1
Records clerk .. .. .	1
General duties clerks .. .. .	2
Shorthand typists .. .. .	3
Senior psychiatric worker .. .. .	1
Psychiatric social workers .. .. .	4 see note (i)
District mental welfare officers .. .. .	3
Mental welfare officers .. .. .	6 see note (ii)
Mental health visitors .. .. .	6

NOTE (i) One post is vacant and three posts are filled by social workers.

NOTE (ii) One post is vacant and two posts are filled by trainee mental welfare officers.

In order to provide close-knit teams of mental welfare workers and to enable closer supervision of the work to be carried out, the City is divided into three districts for the purpose of mental health field-work. Each district is in charge of a district mental welfare officer who is responsible to the Medical Officer of Health through the Senior Medical Officer (Administrative) and the Senior Administrative Assistant, for work on his district. In addition to the district mental welfare officer, each district team comprises two mental welfare officers, responsible for all duties under the Mental Health Act, 1959, and two mental health visitors who undertake work in relation to the mentally subnormal and severely subnormal only. The three district mental welfare officers are qualified on grounds of experience, one being additionally qualified in mental nursing. Two mental welfare officers (one female) are qualified on grounds of experience and the third was promoted to mental welfare officer from trainee mental welfare officer after satisfactorily completing a period of in-service training in the Mental Health Service. In addition there are two trainee mental welfare officers undergoing one year's in-service training and there is a vacancy for one trainee mental welfare officer. Five of the female mental health visitors are qualified by experience, two of them having in addition qualifications in mental or mental deficiency nursing and the sixth holds the degree of B.Sc. (Psychology).

To complement the district system there is an assignment of a senior psychiatric social worker and four psychiatric social workers, all females, to carry out work in the prevention, care and after-care of mental illness. It being virtually impossible to recruit qualified workers, three of the four psychiatric social worker posts are filled by social workers and the fourth post is at present vacant. The senior psychiatric social worker holds the Certificate for Psychiatric Social Workers and two of the three social workers have degrees of B.A. (Administration) and B.A. (Administration) with Social Administration.

No part-time staff are employed.



The following table gives details of staff employed in the training centres:—

#### Junior training centre staff

Centre	Supervisors	Assistant supervisors	Nursery assistants	Domestic helps	Part-time guides	Stoker
Ancoats .. ..	1	2	1	1	1	—
Blackley .. ..	1	6*	1	3	2	—
Victoria Park .. ..	1	7	1	3	2	1
Wythenshawe .. ..	1	3	1	1	2	—
Totals .. ..	4	18	4	8	7	1

\*Includes two temporary staff to replace assistant supervisors attending the National Association for Mental Health Course for Teachers of the Mentally Handicapped.

One member of the staff is recognised as being qualified on grounds of experience, and eight hold the Diploma of the National Association for Mental Health.

#### Adult training centre staff

Centre	Instructor	Deputy instructor	Assistant instructors	Part-time guides
Adult Training Centre .. ..	1	1	2	3

In addition to his appointment at the Adult Training Centre, the Instructor also has the appointment of supervisor of handicrafts and occupational therapy for adult and junior training centres and for Langho Colony for sane epileptics. This dual appointment is of the greatest value in facilitating the transfer of trainees from the junior centres to the adult centre by a careful gradation and selection of work for trainees in the more senior classes in junior training centres.

#### Co-ordination with hospitals

In June, a meeting was held between representatives of the Health Committee, the Manchester Regional Hospital Board, the Manchester Executive Council and the Manchester Local Medical Committee to discuss the integration of their various schemes for mental health services. The meeting proved to be a most informative and useful one and was of great value in intensifying the degree of co-operation in mental health work.

The number of mentally disordered persons on the waiting list for admission to psychiatric hospitals at the end of the year showed a decrease compared with 1959. As far as subnormal and severely subnormal persons are concerned there was a decrease from 111 to 89. In considering the size of the waiting list for subnormal and severely subnormal persons it must be borne in mind that the 89 shown in the table below, 42 are, in fact, resident in special hospital accommodation but remain on the waiting list for permanent hospital care. Comparable waiting list figures for 1959 for the mentally ill are available.

**Type, age and sex distribution of mentally disordered persons  
awaiting hospital admission**

**(a) Subnormal and severely subnormal persons**

Time on waiting list	Males						Females						Totals
	Under 16			Over 16			Under 16			Over 16			
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	
Over 4 years .. .. .	4	9	—	—	4	—	4	1	—	1	5	—	28
3 to 4 years .. .. .	4	—	—	—	—	—	2	1	—	—	—	—	7
2 to 3 years .. .. .	1	2	—	—	1	—	5	1	—	—	1	1	12
1 to 2 years .. .. .	2	2	—	—	—	1	5	—	—	—	2	—	12
Under 1 year .. .. .	5	6	—	—	2	—	5	6	—	—	3	3	30
Total numbers on waiting list at 31st December, 1960 ..	16	19	—	—	7	1	21	9	—	1	11	4	89

(a) cot and chair cases

(b) ambulant severely subnormal

(c) ambulant subnormal

**(b) Mentally ill persons**

	Males		Females	
	Under 16	Over 16	Under 16	Over 16
Urgent .. .. .	—	1	—	1
Non-urgent .. .. .	—	—	—	6
Total numbers on waiting list at 31.12.60	—	1	—	7

Collaboration between the Mental Health Service and psychiatric hospitals has increased at officer level although it is not of a uniform standard with all hospitals; this is due mainly to geographical considerations. However geographical factors aside, the degree of co-operation must ultimately depend on the personality and views of the persons involved and it is noticeable that co-operation is greatest with those hospitals which recognize and welcome the work which the local health authority can carry out in the community.

The following table gives details of work done by the Mental Health Service staff in the provision of reports for psychiatric hospitals for the subnormal and severely subnormal:—

**Social histories and reports on patients and their home circumstances**

**(a) Mental Deficiency Acts up to 31st October, 1960**

Type of report	Males		Females		Totals
	Under 16	Over 16	Under 16	Over 16	
Social history .. .. .	19	24	17	26	86
Progress reports .. .. .	—	16	—	12	28
Licence reports .. .. .	4	59	2	41	106
Recertification reports .. .. .	2	33	1	28	64
Totals .. .. .	25	132	20	107	284

(b) Mental Health Act from 1st November, 1960 to 31st December, 1961

Type of report	Males		Females		Totals
	Under 16	Over 16	Under 16	Over 16	
Social history .. .. .	9	2	3	3	17
Progress reports .. .. .	—	4	—	2	6
Leave of absence reports .. .. .	—	14	—	6	20
Reports relating to examination of need for continued detention ..	—	8	—	7	15
Totals .. .. .	9	28	3	18	58

*Admission to hospitals*

The figures under this heading are given for the period up to 31st October, 1960, and for the period from 1st November, 1960, to 31st December, 1960. They are further sub-divided into figures for mental defectives (subnormal and severely subnormal from 1st November, 1960) and the mentally ill. Details of informal patients are shown in the appropriate section relating to the period during which the admission took place.

**Mental Deficiency Acts**

**Mental defectives admitted to mental deficiency hospitals  
up to 31st October, 1960**

Method of admission	Males		Females		Totals
	Under 16	Over 16	Under 16	Over 16	
on petition .. .. .	—	2	—	1	3
ced by parent .. .. .	—	2	—	1	3
Court Order .. .. .	—	2	—	1	3
Order of the Secretary of State ..	—	—	—	—	—
ce of safety .. .. .	—	—	—	—	—
ort-term care .. .. .	8	5	16	10	39
rying order .. .. .	—	—	—	1	1
ormal .. .. .	9	6	6	10	31
Totals .. .. .	17	17	22	24	80

In addition, 8 patients were admitted to special hospital accommodation but remained on the Regional Hospital Board's waiting list.



# Mental Health Act, 1959

Subnormal and severely subnormal persons admitted to psychiatric hospitals from 1st November, to 31st December, 1960

Method of admission	Males		Females		Totals
	Under 16	Over 16	Under 16	Over 16	
Informal .. .. .	2	1	—	—	3
Emergency .. .. .	—	—	—	—	—
Observation .. .. .	—	—	—	—	—
Treatment .. .. .	—	1	—	—	1
Hospital order .. .. .	—	—	—	1	1
Secretary of State .. .. .	—	—	—	—	—
Transfer from guardianship .. .. .	—	—	—	—	—
Short-term care .. .. .	4	—	2	3	9
Totals .. .. .	6	2	2	4	14

## Lunacy and Mental Treatment Acts

Mentally ill persons admitted to mental hospitals through the Mental Health Service up to 31st October, 1960

Method of admission	Males	Females	Totals
Observation .. .. .	148	181	329
Voluntary .. .. .	2	—	2
Temporary .. .. .	—	—	—
Certified .. .. .	27	25	52
Informal .. .. .	97	113	210
Totals .. .. .	274	319	593

## Disposal of patients admitted for observation

Disposal	Males	Females	Totals
Voluntary .. .. .	—	—	—
Certified .. .. .	34	27	61
Discharged .. .. .	14	17	31
Informal .. .. .	98	137	235
Died .. .. .	2	—	2
Totals .. .. .	148	181	329

Patients known to have been admitted direct to mental hospitals up to 31st October, 1960

Method of admission	Males	Females	Totals
Informal .. .. .	39	66	105

# Mental Health Act, 1959

Mentally ill persons admitted to psychiatric hospitals through the Mental Health Service from 1st November, to 31st December, 1960

Method of admission	Males	Females	Totals
Informal .. .. .	22	26	48
Emergency .. .. .	14	7	21
Observation .. .. .	12	22	34
Treatment .. .. .	1	7	8
Hospital order .. .. .	—	—	—
Secretary of State .. .. .	—	—	—
Transfer from guardianship .. .. .	—	—	—
Totals .. .. .	49	62	111

## Disposal of patients admitted for observation or in an emergency

Disposal	Males	Females	Totals
Informal .. .. .	12	12	24
Treatment .. .. .	—	1	1
Discharged .. .. .	11	5	16
Not completed .. .. .	3	11	14
Totals .. .. .	26	29	55

## Patients known to have been admitted direct to psychiatric hospitals

Method of admission	Males	Females	Totals
Informal .. .. .	29	20	49

44 patients were dealt with on behalf of other local health authorities.

Voluntary and informal patients comprised 78 per cent. of all admissions for the year, compared with 68 per cent. for 1959.

## Work in the community

### Mental illness

### Prevention, care and after-care

The following table gives details of the work done in relation to the prevention, care and after-care of mental illness:—

### Prevention, care and after-care of mental illness

	Males	Females	Totals
Number of visits or interviews .. .. .	508	1,191	1,699
Moved from care .. .. .	32	41	73
Referred for medical report:—			
(a) to general medical practitioner .. .. .	—	—	—
(b) to psychiatrists or clinics .. .. .	15	33	48
Interviews with other agencies, departments or employers .. .. .	94	141	235

As part of this service, specialist consultations are held on a sessional basis at the Town Hall by the Consultant Psychiatrist, Dr. E. Howard Kitching.

Work in this field will be developed considerably by the establishment of two day centres and clubs for the mentally ill, one to serve the north of the City and one the south. A site was purchased in Daisy Bank Road, Victoria Park, for one of the day centres and the plans were submitted to the Ministry of Health, for approval early in 1961. Premises have been transferred to the ownership of the Health Committee which will, after temporary use as an adult training centre, be further adapted for use as the day centre and club to serve the north of the City.

#### Notifications of mental illness

Source of notification	Males	Females	Totals
General medical practitioners .. .. .	245	328	573
Hospitals and clinics .. .. .	79	112	191
Police authorities .. .. .	44	15	59
Other Corporation departments .. .. .	14	21	35
General public .. .. .	23	32	55
Other sources .. .. .	9	6	15
Totals .. .. .	414	514	928

#### Disposal of cases notified

Type of disposal	Males	Females	Totals
To hospital .. .. .	323	381	704
Referred to other departments or agencies .. .. .	18	26	44
No further action .. .. .	60	89	149
Awaiting disposal at 31.12.60 .. .. .	13	18	31
Totals .. .. .	414	514	928

The number of visits made by mental welfare officers was 4,042.



mental deficiency, subnormality and severe subnormality

Mental Deficiency Acts

I. Particulars of cases reported during the period up to  
31st October, 1960

	Males		Females		Totals
	Under 16	Over 16	Under 16	Over 16	
Cases ascertained to be defectives "subject to be dealt with":—					
Number in which action taken on reports by—					
(1) Local education authorities on children :					
(i) While at school or liable to attend school .. .. .	22	—	16	—	38
(ii) On leaving special schools ..	4	4	—	7	15
(iii) On leaving ordinary schools ..	—	—	—	—	—
(2) Police or by Courts .. . . .	—	1	—	—	1
(3) Other sources .. . . .	2	3	2	7	14
Total of I (a) .. . . .	28	8	18	14	68
Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground .. . . .	1	19	—	21	41
Cases reported who were not regarded as defectives and are thus excluded from (a) or (b) .. . . .	—	—	—	2	2
Cases reported in which action was incomplete at 31st October, 1960, and are thus excluded from (a) or (b) .. . . .	2	2	1	—	5
Totals of I (a) to (d) inclusive ..	31	29	19	37	116

II. Disposal of cases reported during the period up to  
31st October, 1960

	Males		Females		Totals
	Under 16	Over 16	Under 16	Over 16	
a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at I (a)), the number:—					
(i) Placed under statutory supervision ..	28	5	15	11	59
(ii) Placed under guardianship .. . . .	—	—	—	1	1
(iii) Taken to "places of safety" .. . . .	—	—	—	—	—
(iv) Admitted to hospitals .. . . .	—	3	3	2	8
Totals of II (a) .. . . .	28	8	18	14	68
b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at I (b)), the number:—					
(i) Placed under voluntary supervision ..	1	18	—	19	38
(ii) Action unnecessary .. . . .	—	1	—	1	2
Totals of II (b) .. . . .	1	19	—	20	40
c) Cases reported at I (a) or (b) above who removed from the area or died before disposal was arranged .. . . .	—	—	—	1	1
Totals of II (a) to (c) inclusive ..	29	27	18	35	109

# Mental Health Act, 1959

During the period 1st November to 31st December, 13 subnormal and severely subnormal persons were placed under care under the provisions of Section 28 of the National Health Service Act, 1946. The details are as follows:—

Males		Females		Total
Under 16	Over 16	Under 16	Over 16	
4	4	2	3	13

## Removal from care

In all, 130 subnormal and severely subnormal persons were removed from care during the year.

Number of persons receiving care in the community by the Mental Health Service at 31st December, 1960

Type of care	Mental illness				Subnormality and severe subnormality				Tot
	Males		Females		Males		Females		
	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	
Home visits . . . .	—	585	—	727	209	538	147	480	2,6
Guardianship . . . .	—	—	—	—	—	6	—	10	
Others (including those not yet visited) . . . .	—	35	—	42	21	2	19	—	1
Totals . . . .	—	620	—	769	230	546	166	490	2,8

## Voluntary associations

No duties were delegated to voluntary associations but there was co-operation with the National Association for Mental Health for the provision of holiday accommodation for pupils of training centres and for the training of staff.

The use of voluntary homes for the provision of short-term care has continued to make an important contribution to the care of the mentally subnormal and the severely subnormal. In 86 cases, compared with 61 in 1959, the cost of short-term care for periods up to two months was met by the Corporation.

There are 7 Manchester pupils attending daily the Manchester and District School for Jewish Handicapped Children, 7 pupils at the Sale, Altrincham and District Spastics Society's Centre between 2 and 6 days each week and 7 pupils attend the Stockport and District Spastics Society's Centre on 2 days a week.

Convalescence was provided in voluntary homes for 11 patients who have been suffering from mental illness.

Following a meeting at the Town Hall in March, the Manchester, Salford and District Local Association for Mental Health was formed. The objects of the Association are two-fold, education and propaganda in mental health and practical assistance in connection with local authority and hospital services.

### Training of staff

Two members of the training centre staff, compared with one last year, were seconded to the annual National Association for Mental Health Course for Teachers of the Mentally Handicapped and 26 attended a one-day refresher course conducted by the Association.

For the fifth successive year a mental welfare officer attended the National Association for Mental Health Refresher Course for Mental Health Workers in Leeds, and the senior psychiatric social worker attended a residential refresher course at St. Hilda's College, Oxford.

### Training centres

There are junior training centres at Blackley, Harpurhey, Victoria Park and Wythenshawe. Although classed as junior training centres, pupils of all ages attend and this must necessarily continue until there is an increase in the training facilities for adults.

#### Junior training centres

Numbers of pupils on registers at 31st December, 1960

Training centre	Males		Females		Totals
	Under 16	Over 16	Under 16	Over 16	
Blackley .. .. .	23	2	26	14	65
Harpurhey .. .. .	10	7	7	5	29
Victoria Park .. .. .	48	6	28	19	101
Wythenshawe .. .. .	14	7	20	11	52
Totals .. .. .	95	22	81	49	247

#### Adult training centre

Number of pupils on register at 31st December, 1960

Training centre	Males		Females		Totals
	Under 16	Over 16	Under 16	Over 16	
Adult Industrial Centre.. .. .	—	37	—	—	37

The average attendance at all training centres was 78 per cent.

Mid-day meals are provided by the School Meals Service at a cost of 6d. per meal but in cases of financial hardship there is no charge. Each pupil under the age of 16 years receives  $\frac{1}{3}$  pint of milk free each day and the older pupils have cups of tea.

By arrangement with the Education Committee, the examination and treatment facilities of the School Health Service are available to all training centre pupils of school age and medical examinations of all pupils aged 16 years and over were carried out by the Health Department's medical staff,



At the end of May a party of 27 pupils and 4 staff spent one week's holiday at the National Association for Mental Health holiday home at Rhyl. Each centre had its open day and the annual Rose Queen Festival was held at the Victoria Park Junior Training Centre. Outings to the seaside were arranged by parents, staff and voluntary organizations and visits were paid to a circus and a pantomime.

A very popular addition to the curriculum of the training centres, adult and junior, has been the twice-weekly swimming sessions at the Victoria Baths.

Building work is nearing completion on the extension to the Blackley Junior Training Centre. This consists of the addition of two classrooms, thereby making it possible for two of the existing classrooms to be converted into an assembly/dining hall.

Loan sanction has been obtained for the new Wythenshawe Junior Training Centre, which is to replace the present rented premises, and the City Surveyor is negotiating the purchase of a site for a centre to replace the Victoria Park Junior Training Centre.

### *Adult Training Centre*

The work of this centre has been developed as far as is possible within the scope of the limited accommodation, and although loan sanction has been obtained for the adaptation of premises in Livesey Street, Ancoats, to provide facilities for 100 males and 60 females it will be some considerable time before the work is complete.

In the meantime, the problem of providing training centre places for adults has become acute not only from the point of view of those who are suitable for attendance but also because places badly needed in junior training centres are being occupied by adults. In order to ease the situation, the Health Committee has taken over premises in Every Street, Ancoats, for adaptation as a temporary adult training centre for 86 males. When the work of adaptation is completed the present adult training centre pupils and male junior training centre pupils aged 16 years and over will be transferred to the new premises, thus enabling an additional 35 pupils to be given places in the junior training centres.

When the Livesey Street premises are completed the pupils at Every Street will be transferred there and the Every Street premises will be further adapted for use as a day centre and club for the mentally ill to serve the north of the City.

Hitherto, no payment has been made to pupils at the Adult Training Centre but, in December, the Mental Health Sub-committee approved a scheme for paying incentive allowances. This provides for four grades of allowance payable weekly, the amount payable depending on the type of work carried out and the pupils' social behaviour. The amounts of allowance range from 2s. to 8s. per week and the scheme will come into operation on 1st April, 1961.

### *Hostels*

Sites have been found for two hostels, one in Brougham Street, Gorton, for mentally ill females and one in Upper Brook Street, Chorlton-on-Medlock, for mentally ill males. Sketch schemes are in preparation for purpose-built hostels on these sites.

In November, the Mental Health Sub-committee visited premises in Palatine Road, West Didsbury, in use as a hostel for working boys, and resolved that these be taken over as a hostel for mentally subnormal adults when the Children's Department cease to use them.

## **Proposals by the City Council under Section 20 of the National Health Service Act, 1946, for the provision of mental health services under Section 28 of the Act**

### **. Title**

The service to be provided shall be known as "The City of Manchester Mental Health Service," and is referred to in these proposals as "The Service."

### **. General**

(A) The proposals replace all existing proposals approved by the Minister relating to the prevention of mental illness, the care of persons suffering from mental illness or mental defectiveness, or the after-care of such persons under Section 28 of the National Health Service Act, 1946, existing proposals for carrying out duties under the Lunacy and Mental Treatment Acts, 1890/1930, and the Mental Deficiency Acts, 1913/1938, continue in operation until the relevant sections of these Acts are repealed on dates appointed by the Minister by order under Section 153 of the Mental Health Act, 1959; the proposals relating to duties under these Acts will then be replaced by the proposals set out below.

(B) The City Council will make appropriate arrangements for the provision of services to meet the needs of the mentally disordered living in the community and will make the services known to and available to those who are in need of them. In particular, they will provide junior training centres, adult training centres, residential accommodation, day centres, social clubs and a home visiting service.

### *Organization and staff of the service*

(A) The following is, in outline, a description of the existing organization and staffing arrangements:—

- (i) The City Council have appointed a Mental Health Sub-committee consisting of 17 members, which is responsible, through the Health Committee, for the operation of the Service. Meetings of the Sub-committee are held monthly except in May and August; the decisions of the Sub-committee require the confirmation of the Health Committee whose proceedings in turn require the confirmation of the City Council.

### **(ii) Staff**

#### **(a) Medical**

The medical supervision of the Service provided is the responsibility of the Medical Officer of Health through the Senior Medical Officer (Administrative) on his staff, who advises on mental health matters and, under the direction of the Medical Officer of Health, undertakes the medical direction and administration of the Service. The Senior Medical Officer (Administrative) is authorized to approach, when necessary, specialists employed by the Regional Hospital Board, and to arrange for those patients requiring treatment to attend specialist clinics. In these duties the Senior Medical Officer (Administrative) is assisted by the Assistant Medical Officer (Administrative and Clinical). In addition, a part-time Consultant Psychiatrist is employed on a sessional basis,

*(b) Non-medical*

The lay administration of the Service and the co-ordination of the work of the non-medical staff is carried out by the Senior Administrative Assistant (Mental Health) who is responsible for this work to the Medical Officer of Health through the Senior Medical Officer (Administrative).

The approved assignment of field workers is one senior psychiatric social worker, four psychiatric social workers, three district mental welfare officers, three mental welfare officers, three trainee mental welfare officers, and six mental health visitors. For field work purposes, the City is divided into three districts, each with one district mental welfare officer, one mental welfare officer, one trainee mental welfare officer and two mental health visitors. The psychiatric social workers are attached to districts and the senior psychiatric social worker is responsible for the co-ordination of preventive, care and after-care work.

All staff are employed whole-time with the exception of the Consultant Psychiatrist who is part-time. In the absence of a national scheme of training, staff are given in-service training within the Service, and one mental welfare officer is seconded each year to the National Association for Mental Health Refresher Course for Mental Welfare Officers.

*(iii) Links with hospitals and general practitioners*

There are no joint appointments with hospitals but close liaison exists between the staffs of the Service and mental deficiency hospitals in the supervision of patients on licence and the completion of progress reports, in the submission of home circumstances reports in respect of patients being considered for licence, and in connection with the review of Orders. Where hospitals have social workers, specific cases are discussed on a worker to worker basis.

In the case of local mental hospitals, cases are discussed by the hospital and psychiatric social workers employed by the Service. As Manchester falls within the catchment area of Prestwich Hospital, which therefore receives the majority of Manchester patients, co-operation with this hospital tends to be more closely developed than is the case with the other hospitals with which the Service is concerned. Copies of discharge reports are available to the Consultant Psychiatrist, case conferences are held on specific cases and the mental welfare officers attend a quarterly conference held by the Medical Superintendent of Prestwich Hospital.

General practitioners discuss means of helping patients with individual case-workers, both psychiatric social workers and mental welfare officers, but, as community care facilities increase, it will be necessary to formulate, if possible, a more systematic approach.

(B) In addition to the existing arrangements, the City Council expect to increase their staff employed in the Service and, in particular, intend to appoint a sufficient number of officers to act as mental welfare officers under the Mental Health Act, 1959, from such dates as the relevant provisions of the Act come into operation.



In the absence of a national scheme of training and the consequent dearth of experienced or qualified mental welfare officers, it will be necessary to continue the present in-service scheme of training by the appointment of further trainee mental welfare officers.

Although at the present time no joint appointments with hospitals are proposed, the City Council will examine the need for such appointments from time to time and act according to the needs shown by such examination.

There are no arrangements contemplated for the provision of services through voluntary bodies or the agency of other local authorities at the present time, but the City Council will make such arrangements as they deem necessary should the need arise.

The City Council propose to strengthen the links with hospitals by case conferences and by making its workers available for attendance at hospital after-care clinics, for domiciliary visits with consultants and for acting as links between hospital patients and their relatives.

General practitioners will be given the opportunity of attending case conferences between the Service consultant psychiatrist and the field workers, and it is proposed that both hospitals and general practitioners should be kept informed of developments in the facilities of the Service by means of periodic news letters.

The City Council intend that the staff of the Service should be given the opportunity of attending suitable courses as and when these become available.

4. Junior training centres

(A) The following table gives details of the present centres (none of which is residential), and the places available for the under 16 age group:—

Name and centre	Age groups	Number of places	Number attending at 22.12.59	Number of places taken up by pupils aged 16 years and over (included in previous column)
Harpurhey (formerly Ancoats) ..	All	32	30	10
Blackley .. .. .	All	64	57	9
Victoria Park .. .. .	All	100	103	29
Wythenshawe .. .. .	All	52	52	15
Totals .. .. .		248	242	63

In addition, 4 pupils under 16 years attend the Manchester and District School for Jewish Handicapped Children, and in respect of each pupil the City Council pay an annual contribution equivalent to the cost of maintaining a child in the City's training centres.

Ancillary services

Buses from the Manchester Corporation Transport Department convey pupils to and from the centres by set routes. A mid-day meal is supplied by the School Meals Service, pupils under the age of 16 years are provided with free milk and pupils aged 16 years and over are supplied with a cup of tea daily. With the co-operation of the local education authority, dental treatment, medical inspections and minor treatments are provided through the facilities of the School Health Service.

(B) In addition to the existing arrangements, the junior training centres are expected to develop on the following lines:—

<i>Scheme</i>	<i>Number of places</i>	<i>Estimated date of completion</i>
Addition of assembly-dining hall to Blackley Junior Training Centre.	64	September, 1960
Replacement of present Wythenshawe Junior Training Centre by purpose-built centre for 100 day pupils (including a unit for 20 severely subnormal and subnormal children with additional physical handicaps) and for 32 resident pupils.	100 day pupils 32 resident pupils	April, 1962
Replacement of present Victoria Park Junior Training Centre by a purpose-built centre.	120	January, 1963
Replacement of present Harpurhey Junior Training Centre by a purpose-built centre for 84 pupils (including a unit for 20 severely subnormal and subnormal children with additional physical handicaps).	84	December, 1962

Subsequent to April, 1963, the City Council propose to establish a further junior training centre with places for 64 pupils and such other centres, with or without residential accommodation attached, as may appear from time to time to be necessary.

It is estimated that by late 1963, 400 places will be required in junior training centres with a net increase of 25–30 places annually, and it is considered that the scheme of development outlined above will provide places for all such suitable cases.

Arrangements with voluntary bodies will be made where necessary.  
Ancillary services will be developed as required.

## 5. *Adult training centres*

(A) At present there is one non-residential adult training centre for males with places for 36 pupils; no provision for the training of adult females is made other than in the junior training centres.

In addition, four pupils aged 16 years and over attend the Manchester and District School for Jewish Handicapped Children, and in respect of each pupil the City Council pay an annual contribution equivalent to the cost of maintaining a pupil in the City's training centres.

## *Types of work*

Two classes are in operation, one for general handicrafts such as basketry, leather-work, wicker-work, pottery and glass decoration, rug-making, stool-making, sanding, painting and french polishing; and one for woodwork.

The latter class is accommodated in the woodwork machine shop in which, by the extensive use of specially designed jigs, the production of component parts and the assembly of finished articles is reduced to simple operations whereby even the lowest grade pupil is able to play his part. This policy was adopted with a view to training the pupils for the introduction of contract work when adequate accommodation for a sheltered workshop is obtained. Woodworking machinery installed consists of a bandsaw, a planing machine, a drilling machine, a fret-work machine and orbital sanders, all electrically driven.

The products of the workshop can be divided into two main types; firstly, domestic articles such as stepladders, clothes racks, stool frames, coffee tables, bedside cabinets, fire-screens, and newspaper racks which are ordered by parents and visitors and, secondly, articles which are ordered by Corporation Departments, such as seed-boxes, acid bottle carriers and carriers for hypodermic syringes. In addition, a supply of stool frames is maintained for the junior training centres in the City. This system whereby articles are made to order has ensured that the workshops are used to capacity and that there is no difficulty in the disposal of finished articles.

(B) In addition to the existing arrangements, the adult training centres are expected to develop on the following lines:—

It is estimated that 370 places will be required in adult training centres.

During the period up to April, 1963, the City Council will adapt premises in Livesey Street, Ancoats, for use as an adult training centre for 100 males and 60 females. Residential accommodation will be provided for 16 adult males. The estimated date of completion of the scheme, which will replace the present Adult Training Centre, is April, 1962.

As soon as possible but probably not until after April, 1963, the City Council propose to establish a second adult training centre (estimated date of completion, January, 1964) with places for 210 adults of both sexes, and such other centres, with or without residential accommodation attached, as may appear from time to time to be necessary.

The facilities of the adult training centres will provide for the needs of suitable trainees of the following groups:—

- (1) those needing considerable supervision to perform the simplest operations;
- (2) those who cannot be trained for ordinary or sheltered employment elsewhere, but can be given useful occupations within the centres;
- (3) those who would be able to enter ordinary or sheltered employment after training in work habits or some social stabilization.

The City Council propose to make arrangements for the remuneration of trainees engaged in suitable work.

Necessary ancillary services will also be provided.

#### *Residential accommodation*

(A) No provision is at present made for the residential accommodation of the mentally disordered.

(B) It is estimated that about 200 places in residential accommodation for the mentally disordered under the age of 60 years will be required.

The City Council propose in the period up to April, 1963, to proceed with the provision of residential accommodation as follows:—

<i>Scheme</i>	<i>Number of places</i>	<i>Estimated date of completion</i>
3 residential hostels .. .. .	90	October, 1961
2 residential hostels .. .. .	60	October, 1962

The provision of these hostels, together with the residential accommodation at the proposed Adult Training Centre, Livesey Street, and the new Wythenshawe Junior Training Centre, will provide places for 198 mentally disordered persons, and will allow for the segregation of the different types of case.



Subsequent to April, 1963, the City Council propose to establish such other residential accommodation as may appear from time to time to be necessary.

The City Council will equip and maintain all residential accommodation provided by them under this Service, including that at training centres, and will undertake the care of persons for the time being resident in such accommodation.

It is the City Council's intention that such residential accommodation should, as far as possible, be conveniently sited to enable the residents, as far as they are able and suitable, to attend a training centre or day centre or work in ordinary or sheltered employment.

In addition to providing such residential accommodation, the City Council propose, where necessary, to make arrangements with other persons or statutory or voluntary bodies for the provision of residential accommodation for the mentally disordered.

The City Council will also, when necessary, make arrangements for short-term care.

## 7. Home Training

(A) No provision is at present made for home training.

(B) The City Council take the view that the training of the severely subnormal and the subnormal in an urban area should be carried out in training centres and, with adequate transport facilities and specially designed centres, no substantial changes in arrangements are envisaged. The City Council will, however, examine the need for home training from time to time and make any arrangements as then appear necessary.

## 8. Day centres, social clubs and other activities

(A) No such centre or clubs are provided.

(B) The City Council propose in the period up to April, 1963, to provide, equip and maintain two such day centres and clubs for the prevention, care and after-care of mental illness.

The programme for the development proposed is as follows:—

Scheme	Number of places	Estimated date of completion
Day centre and club for the mentally ill . . . . .	60	July, 1961
Second day centre and club for the mentally ill . .	60	January, 1963

It is proposed that, if necessary, appropriate transport and meals will be provided and that arrangements will be made for the remuneration of patients attending the centres who are engaged in suitable work.

The City Council also intend to investigate the possibility of providing occupational therapy in patients' homes where attendance at the day centre is not possible.

Subsequent to April, 1963, the City Council propose to set up such other day centres and social clubs as may from time to time appear necessary.

On and from 1st April, 1960, the City Council will provide a service which will be based on advice by doctors and psychiatric social workers, and made available to those persons for whom the advice of such officers is considered appropriate as a means of preserving or restoring mental health.

## *9. Home visiting service*

(A) The approved assignment of psychiatric social workers for home visiting to provide care and after-care for the mentally ill is one senior psychiatric social worker and four psychiatric social workers. The senior psychiatric social worker is responsible for the co-ordination of this work and the four psychiatric social workers are attached to the districts. Case conferences attended by the senior psychiatric social worker, psychiatric social workers and mental welfare officers are held under the guidance of the consultant psychiatrist who decides on the appropriate officer, psychiatric social worker or mental welfare officer, to visit particular patients to provide care and after-care.

(B) In addition to the existing arrangements, it is proposed, initially, that the number of psychiatric social workers should be increased from four to six, and that under the co-ordination of the senior psychiatric social worker and the guidance of the part-time consultant psychiatrist they, together with the mental welfare officers, should be responsible for the care and after-care of the mentally ill, including those attending the day centres and social clubs. The adequacy of the number of such officers will be reviewed as necessary, from time to time.

## *10. Guardianship*

The City Council intend to exercise their functions under the Mental Health Act, 1959, in respect of persons placed under guardianship whether under that of the City Council or of other persons.

Provision for the accommodation of 120 aged and infirm mentally disordered persons is made under Section 21 of the National Assistance Act, 1948, but it may be necessary, in certain cases, to accommodate aged and infirm mentally disordered persons in the more specialized residential accommodation under the Mental Health Service.

## HEALTH EDUCATION

The activities of the Department in the field of health education have been continued. Every facility has been given by the Department to provide speakers on various health matters and this service is becoming much more widely known throughout the City. It is encouraging to note that the public, through their various organizations, are seeking to learn more and more about the measures taken by the Health Department to implement the various health services. Speakers have been provided to deal with all health matters including maternity and child welfare, mental health, food hygiene, smoke control and air clearance.

In addition, throughout all the clinics, exhibits have been set up dealing with many subjects such as immunization, prevention of home accidents, prevention of burns, prevention of poisoning, clean food, hygiene in the home, care of teeth and the prevention of dental caries.

It has been decided by the Health Committee that, as part of the health education programme, short concentrated campaigns each dealing with a different type of accident should be held frequently. Two campaigns have been held to date, one on the dangers of mirrors being placed over fireplaces and the other on the dangers of the mishandling of fireworks.

Advantage has also been taken of the excellent 2-day in-service training schemes arranged by the Central Council for Health Education. Two of the training schemes have been held in the Health Department, the themes being "The Teaching of Parentcraft" and "The Care of the Aged". The Chairman of the Maternity and Child Welfare Sub-Committee was kind enough to give the opening address at both of these health education schemes, and the health visitors and other staff who attended were very enthusiastic about them.

"Better Health," the Central Council for Health Education's monthly magazine, was again distributed to the public through the child welfare centre and school health clinics; 2,000 copies were distributed each month. In addition, a large number of posters and leaflets were obtained from the Central Council for Health Education and the Royal Society for the Prevention of Accidents for display and for distribution to mothers attending the maternity and child welfare centres and school clinics. Advertisements have been inserted in several local organizations' brochures and programmes stressing the importance of immunization against diphtheria, whooping cough and vaccination against smallpox and poliomyelitis.

The following is a summary of the educational work undertaken by the Health Department, generally:—

- (a) Lectures were given to social and business organizations by members of the medical health visiting, mental health and sanitary services staffs as follows:—16 to old people clubs; 6 to women's co-operative guilds; 1 to a Jewish women's group; 3 to young wives' clubs; 7 to a Red Cross group; 2 to Church fellowships; 1 to St. John Ambulance Brigade; 1 to licensed house staffs; 1 to the Conference of North-west Miner-Councillors; 1 to the Manchester High School for Girls; 1 to the Combustion Engineers Association; 1 to the Society of Auctioneers and Agents; 1 to the students of the Royal Technical College, Salford; 1 to a catering establishment; 1 to student health visitors; 1 to the Queen's district nurses; 1 to the Boys Scouts Association; 1 to the Manchester Criminological Society.
- (b) 38 lectures on mothercraft were given to women with young children in H.M. prison for child neglect. Similarly, 40 lectures were given to unmarried mothers in a residential home for unmarried mothers and 50 at a maternity hospital.
- (c) 107 students and 5 tutors visited the Monsall Cleansing Clinic. These students include student health visitors, public health inspectors and nursery nurse students.
- (d) 8 doctors studying for the Diploma in Child Health attended 33 sessions at child welfare centre infant clinics.
- (e) Lectures and practical experience were given to student nurses of local hospitals; 24 students in 10 groups attended one lecture on the Social Aspects of Disease; 251 students in 14 groups attended one lecture on the work of the public health nurse; 209 students spent some time on the district with the health visitors; 106 student nurses spent a half day at an infant clinic in a child welfare centre.
- (f) 54 medical students from the Department of Child Health, St. Mary's Hospitals, attended a day nursery and an infant clinic.
- (g) Visits of observation to maternity and child welfare centres were made by the following:—54 second-year students from a nursery nurse training centre; 26 Princess Christian Training College students; 6 district nurse students; 1 group of administration students; 3 hospital welfare worker trainees; 1 nursing administration student (public health) and 3 social administration students.
- (h) 12 health visitors received a two-day course of lectures on screening tests of hearing from a member of the Department for the Education of the Deaf, Manchester University.
- (i) 16 health visitors received a course of lectures on child guidance from members of the child guidance staff of the School Health Service.



- (j) Periods of observation and practical work in the Mental Health Service were arranged for:—41 student health visitors; 3 students from the Department of Social Administration, Manchester University; 1 student studying for the Diploma of the National Association for Mental Health and 6 trainee welfare workers from the Manchester Regional Hospital Board. In addition, the following paid one-day visits of observation:—students and staff from Kendal Nursery School; students from Manchester Training College for Teachers; students from the Department of Psychiatry, Manchester University, and students from the Department of Education, Manchester University.
- (k) Lectures were arranged by the Mental Health Service for the following:—1 to third-year students from the Department of Social Administration, Manchester University; 1 to student psychiatric social workers at Manchester University; 4 to student health visitors and 1 to the health visitors refresher course.
- (l) Visits to the Department and departmental establishments were made by the following:—3 Asian Government medical students; 1 probation officer; 1 domestic science student; 4 groups of senior schoolgirls; a superintendent health inspector from Dublin and a doctor from Yugoslavia.
- (m) Two lectures were arranged for the maternity and child welfare medical officers in the Department entitled "Some Skin Diseases in Infancy", and "Cold Injury". These lectures were given by Consultant Paediatricians.

#### *Manchester Committee on Cancer.*

Manchester is a participating authority in the scheme for public education about cancer, conducted in the North West since 1952 by the Manchester Committee on Cancer's Educational Project. The Medical Officer of Health is Chairman of the Committee on Cancer.

This Committee is attempting by means of lectures to church and lay societies, to groups of workers in industry and to older children in schools, to induce in the public mind a more rational attitude to cancer in general. For some years it has included in its vigorous programme for adult groups information about the association between smoking and lung cancer; and recently, the Committee decided to undertake on behalf of local authorities the instruction of schoolchildren in the connection between lung cancer and cigarette smoking.

It recently acquired for its work in schools the American Cancer Society's film-strip 'To Smoke or Not to Smoke'. Schoolteachers are enthusiastic about the detached and factual approach of this excellent film-strip and the Manchester Committee on Cancer has been obliged to purchase more copies from the United States in order to meet the heavy demand from local schools.

## AMBULANCE AND TRANSPORT SERVICE

### *Ambulance Service*

#### *General*

The number of requests for ambulance transport continued to grow and, compared with the previous year, 26,700 more patients were conveyed. The increased demand had to be met without any increase in the number of vehicles or personnel and has imposed a considerable burden on all sections of the service. Various methods were employed in an effort to effect some reduction in the demand, but no positive results had been achieved by the end of the year. This annual increase in demand is becoming a regular feature of the work of the Ambulance Service and, together with a reduction in the working week of the ambulance personnel from a 44 hour to a 42 hour week effective from January, 1961, is causing concern to the Health Committee.

The number of Ambulance Service vehicles was the same as in 1959, i.e., 47 two-stretcher ambulances and 19 one-stretcher dual-purpose vehicles.

## Operational record

	1960	1959
Number of patients .. .. .	258,958	232,258
Mileage of ambulance fleet .. .. .	1,027,068	973,143
Mileage of pool cars.. .. .	10,584	10,646
	<u>1,037,652</u>	<u>983,789</u>

## Analysis of cases removed

	1960	1959
Accidents .. .. .	12,568	12,356
Infectious .. .. .	1,665	2,739
General.. .. .	244,725	217,163
	<u>Totals 258,958</u>	<u>232,258</u>

## Train journeys

In appropriate cases, the transport of patients by rail is arranged. Ambulance Service transport is provided to convey the patients to and from the railway stations and full and effective co-operation is always forthcoming from British Railways in order to ensure the comfort of the patients during the railway journeys. 468 patients travelled this way.

## Radio control

By the end of the year, 61 of the 66 Ambulance Service vehicles were fitted with radio equipment. The 5 vehicles not so fitted are old vehicles equipped with 6-volt electrical systems; these vehicles will be replaced next year and the new ones will be fitted with radio.

The installation of the radio telephony equipment has again proved its value. The mileage per patient has been reduced from 4.19 in 1959 to 4.00, in spite of the increased number of patients conveyed and an increase in the operating mileage of the ambulance fleet.

## Staff

The number of operational staff authorized is 141 driver/attendants and this figure has been maintained throughout the year. 16 vacancies arose and replacements were available, either from a waiting list or following public advertisement.

First-aid training has continued and all operational staff with the exception of nine new entrants to the service have qualified or re-qualified during the last three years.

Ambulance drivers, together with other drivers employed in the Health Department, again entered the National Safe Driving Competition and, of 148 entries, 102 qualified for awards. Of the remaining 46 entries, 16 driver resigned during the year, six did not qualify due to lengthy absences from duty through sickness and 24 did not qualify either because they were involved in accidents for which they were in some degree blameworthy, or because they were not employed as drivers for the requisite qualifying period.

In May, the awards gained in the previous year's competition were presented to the successful drivers by the Chairman of the Health Committee, Alderman R. E. Thomas.

### *Hospital Car Service*

The transport of walking cases to and from out-patient clinics and convalescent homes has been augmented by the use of hospital car service volunteers, and the work carried out by the 15 drivers normally available is as follows:—

Number of patients	.. ..	14,033
Mileage	.. .. .	124,748

### *Civil defence*

Standard and refresher training in the work of the Ambulance and First Aid Section has been carried out weekly at three training centres in the suburbs. The standard training course, which takes approximately 12 weeks to complete, is arranged at two of the training centres and 10 volunteers completed the course and started more advanced training in first aid, the handling of casualties, ambulance loading, operational procedure and practical exercises.

One full course in first aid was held and 13 volunteers passed the examination and were awarded certificates.

A course in home nursing for long service volunteers was held at the Buxton Training Centre and 15 volunteers passed the examination held at the end of the course.

Driving instruction by a school of motoring was given to certain volunteers who completed the standard training course referred to above; four volunteers passed the driving test. These and other volunteer drivers have been afforded opportunities at regular intervals of becoming proficient ambulance drivers. Several exercises in map reading and convoy work have been well attended.

A number of small-scale outdoor exercises were held in April, May and June to teach the volunteers the practical application of their training in first aid, casualty handling, ambulance loading and operational control.

Two large-scale outdoor exercises, the first staged in a disused quarry at Buxton and the second at an army camp in Cheshire, were well attended and useful lessons learnt by the participants.

Two teams, each consisting of 6 volunteers, competed at the Casualties Union "Buxton Trophy" Competition held in July.

A standard course of training for members of the peace-time ambulance service was held at the main ambulance depot from October to December and was well attended.

### *Municipal car pool*

The municipal car pool, consisting of two limousine cars and six saloon cars, continued to be administered and operated by the Ambulance and Transport Service. These cars are used by various committees and officials of the Corporation and also by officers of the Mental Health Service conveying patients to hospitals, such journeys being included in the Ambulance Service statistics. The operating mileage was 89,022 compared with 92,616 in the preceding year.

### *Commercial vehicles*

Three vans were operated for the Health Committee. The mileage run was 37,530, including 8,234 on the disinfection service.



## Disinfection service

A disinfection station forms part of the Monsall Sub-depot and two steamer disinfectors are used for the disinfection of clothing and bedding. In addition a formalin chamber is used for articles which cannot be subjected to the steamer process. One of the commercial vehicles is utilized as a bedding van for the collection of infected bedding, clothing, etc., and has been designed so as to ensure that complete disinfection of the interior can be carried out before being put into service for the return of disinfected articles. The disinfection of 26,031 articles was effected; this total included 10,828 articles of clothing and 1,249 blankets.

## Immunization unit

The mobile unit continued to be used for the immunization of children whose parents could not bring them to child welfare centres. Immunization was offered against diphtheria and whooping cough and in some cases vaccination against poliomyelitis was given. In addition, special visits were made to those areas where the percentage of immunized pre-school age children was low.

The operating mileage of this vehicle was 8,512 miles compared with 8,237 miles in the previous year.

## Clinic

The clinic for the treatment of persons suffering from verminous conditions and scabies is at the Monsall Sub-depot; the number of treatments given is shown in the Nursing Services Division section of this report.

## Operating mileage

The total mileage operated by the various sections of the Ambulance and Transport Service in 1960 was as follows:—

Ambulance Service	.. .. .	1,027,068
Municipal Car Pool	.. .. .	89,022*
Commercial vehicles	.. .. .	29,296
Bedding van	.. .. .	8,234
Immunization Unit	.. .. .	8,512
Total	..	1,162,132

\* Includes 10,584 miles in respect of pool cars utilized in the Ambulance Service.

## LANGHO COLONY FOR SANE EPILEPTICS

(Administered and maintained by Manchester City Council, under the terms of Part III of the National Assistance Act, 1948)

### STAFF:

G. A. Thompson, M.R.C.S.(ENG.), L.R.C.P.(LONDON) .. Medical Superintendent  
Henry W. Hayward, S.R.N., R.M.N., B.T.A. .. .. Matron  
S. A. C. Bunn, F.C.C.S., A.H.A. .. .. . Secretary-Steward

On the 31st December, 1960, there were 220 male and 247 female residents of these, 173 were chargeable to the Corporation of Manchester, and 29 chargeable to other authorities in various parts of the country.

The continuing programme of modernization necessitated the closing of various homes, and the number of admissions from other authorities was again curtailed, but all Manchester cases were admitted immediately.

The average number of fits per patient showed a substantial decrease, proving the benefits that can result from specialized supervision and with careful attention to medication and the introduction of the newer types of drugs. The general health of the residents was very good, and there were no epidemics.

The following table of statistics refers to residents in the Colony during 1960 :—

(a) The total number of epileptic seizures was 11,149.

	Severe	Slight	Total	Average	Numbers of residents maintained
Males ..	3,165	4,471	7,636	34	220
Females ..	1,732	1,781	3,513	14	247
Totals ..	4,897	6,252	11,149	—	467

(b) The classification of the incidence of seizures was as follows:—

	Males	Females
Increased incidence .. .. .	39	—
Decreased incidence .. .. .	61	129
No change .. .. .	70	47
No seizures during the year .. .. .	64	71

(c) There were:—

	Males	Females	Totals
Admissions .. .. .	17	18	35
Re-admissions .. .. .	14	10	24
Discharges .. .. .	34	14	48
Deaths .. .. .	6	7	13

Two of the male homes and two of the female homes have now been modernized and the residents are very appreciative of the private cubicles and other comforts that have been provided.

The training school for attendant staff completed its first year and the interest shown by the staff and the results at the examination were very gratifying; the course of instruction closely follows that laid down by the Ministry of Health for assistant nurses, but special emphasis is placed on the nursing care and treatment of persons suffering from epilepsy.

The occupational therapy unit made excellent progress, and approximately 10 residents attended there daily where, under the guidance of the Handicraft Instructor and a male and female assistant, they were employed in such activities as making over 20 different types of toys for the Children's Department of the Corporation, park benches, signposts, nesting boxes, chain link fencing, cement castings, etc., for the Parks Department, educational equipment for various other departments, as well as lambswool gloves and mittens, rubber link mats and the usual rugs, mats, basketry, etc.

Another innovation introduced has been the provision of a well-equipped female hairdressing salon and full advantage has been taken of this facility. Also, during the period under review, a change-over was made from coal-fire boilers to two Super Economic oil-fired boilers, using a low sulphur content fuel-oil in accordance with the Corporation's "clean air policy".

Official visits were made to the Colony by the Mayor and Mayoress of Bolton, along with the Chairman and other members of the Bolton Corporation Welfare Committee; by the Mayor and Mayoress of Oldham and the Chairman and members of the Oldham Welfare Committee; also by delegations from the welfare committees of Birmingham, Blackburn, Burnley, Leeds, Rochdale, Salford, St. Helens and Warrington. They all expressed pleasure at the care devoted to the residents, and greatly appreciated the emphasis placed on occupational therapy and craftwork.

The staffing position has been satisfactory and, for all practical purposes, the number of staff employed is up to establishment. This reflects most creditably on the happy working conditions enjoyed at the Colony especially when the staffing position is compared with that of neighbouring institutions.

All the usual entertainments were provided and 126 residents, in groups of 18 (plus two members of the staff), went to Blackpool for a week's holiday. Again the weather was extremely kind, and there is no doubt that all those who went away had a "jolly good time". Sports Day was held on the 2nd July 1960, when we were pleased to welcome the Chairman of the Health Committee and other members of the City Council.

The Colony cricket and football teams managed to hold their own in the Regional Hospital Board's Cricket and Football leagues, and Blackburn Rover junior teams played a number of home matches on the Colony ground, giving pleasure to the residents. The usual coach outings to the seaside were organized and almost all the residents participated in these trips which are regarded among the "highlights", of their year. At Christmas, there was a full programme of festivities, including visits to a pantomime at Bolton, a circus at Belle Vue, Manchester, dances at the Colony including a well supported fancy-dress dance, film shows, concerts and a Nativity Play presented by the Colony Guides. The Colony Ranger Company had an active year and were invited to many outside functions; every encouragement is given to the Guides to mix with other companies and, in the various parties and gala days held during the year, the 2nd Langho Rangers (i.e. Langho Colony) made a very good show. The Ranger's syllabus includes: first-aid, map reading, colour and design which are all subjects in which the girls take a keen interest, and which broaden their outlook and give them a sense of equality when mixing with other girls of the Guide Movement.

Once again, the Colony farm has had a most successful year and the high standard of farming practice invariably displayed has been well maintained.

The Medical Superintendent again expresses his thanks to all members of the staff for their support during 1960, and to the members of the Resident Homes Sub-committee for their unfailing courtesy.



## DR. GARRETT MEMORIAL HOME.

The western bank of the river Conway affords good climatic conditions and a picturesque site for this convalescent home, which accommodates 135 children between the ages of two and fifteen years.

By recommendation of the school medical service, maternity and child welfare medical officers, City hospitals and general medical practitioners, children suffering from general and/or nervous debility or some form of disease of the respiratory system or anæmia, receive the benefit of six weeks sea-side convalescent treatment.

A weekly turnover of 22 children is effected by the use of a chartered omnibus which leaves Conway at 8-0 a.m. and returns to the Home at 4-30 p.m. on each Tuesday.

It is with regret that this report cannot compare favourably with the previous one regarding the total number of admissions. Infections which commenced early in January and recurred in September and December were responsible for the suspension of admissions on no less than five occasions, and there were nine occasions on which only 14 instead of 22 children could be accepted resulting in a loss of a possible 180 admissions.

The spring and summer months were somewhat cloudy with only occasional sunshine and the autumn and winter months brought wind and incessant rain with trying conditions, especially for those using the outdoor chalets and playrooms.

Recruitment of resident staff was about normal but a full complement was never attained and this coupled with a shorter working week brought many difficulties especially during the period of Sonne dysentery infection which prevailed at the end of November and during the month of December.

Statistics:—Admissions numbered 890, plus 6 re-admissions from local hospitals, making the total admissions 896 compared with 1,041 last year, decrease of 145. Discharges recorded as "fit" 780, "improved" 150, "to hospital" 8, total 938 compared with "fit" 862, "improved" 145, "to hospital" 2, total 1,029 last year, a decrease of 91. Of the 938 children discharged, 35 gained in weight and in 3 the weight remained stationary.

The highest number in residence was 134 and the lowest 71, compared with 39 and 94 respectively last year. The average number maintained was 113 as against 120 last year.

Children taken home prior to the normal discharge date numbered 296 compared with 326 last year. It is estimated that another five could be added to the average number maintained for the year if these children had been allowed to complete the normal six weeks period of convalescence.

Children requiring nursing care in the Home are summarized as follows:—Sore throats, coughs, colds, etc., 63, tonsillitis 53, chicken pox 43, measles and rubella 24, influenza 19, mumps 18, otitis media 13, Sonne dysentery 12, minor ailments and injuries 12, scarlatina 9, bronchitis 7, cervical glands 3, pleurisy 1, primary tubercular lesion 1.

Absence without permission occurred only once compared with three times last year.

Buildings have been maintained in good condition, although the wooden chalets are deteriorating and will require extensive repairs if they are to be maintained for a few more years. The modernization of the resident staff quarters has been continued, much to the delight of the occupants.

The Mayor and Mayoress of Conway visited the Home on Christmas Eve. All departments were beautifully decorated and the Christmas festivities provided for children and staff were enjoyed by all who could take part.

## MUNICIPAL HOSTELS

Women's: Ashton House (Corporation Street, Ancoats)  
Mrs. A. G. Barber, Manageress.

Men's: Walton House (Harrison Street, Ancoats)  
Mr. H. Stainton, Manager.

The municipal hostels provide accommodation in separate cubicles for 210 women and 464 men; the average nightly occupancy was 94 and 355 respectively, which, compared with the figures for 1959, shows reductions in bookings at both hostels.

At Walton House the decline in attendances appears to be due mainly to the increased rental charges which came into operation during May and was followed by an immediate drop in nightly bookings of approximately 15 per cent., of which, up to date, only about 4 per cent. has been recovered. This is a repetition of the previous rental increase in 1958, when some 14 per cent. of the residents left and only 2 per cent. eventually returned.

Other reasons must be sought to explain the continued decline in attendances at Ashton House, where nightly bookings have been dropping steadily over the past few years.

Improvements which are constantly being made to add to the residents comfort meet with very limited response and, although an increase in patronage is anticipated, it is possible that the communal life peculiar to a hostel does not appeal to the working woman of today.

The accommodation available in the hostels affords excellent value at the prices charged—which not only cover the use of private sleeping cubicles, each furnished with a comfortable bed, mirror and bedside chair, but includes the use of the following domestic amenities:— kitchen, dining room, lounge, smoke room and reading room.

At both hostels the smoke rooms, lounges and reading rooms are furnished with an adequate number of arm chairs, books and tables, and the kitchens where residents can cook their own food, are equipped with all the necessary utensils. The dining rooms are spacious, with direct access to the kitchen and shops, where a wide variety of food and cooked meals can be obtained at reasonable charges.

There are also facilities for washing, drying and ironing clothes.

Owing to increasing costs it was found necessary to advance the charges at both hostels, and the following revised charges became effective on 7th May 1960 :—

Ashton House: Rent of cubicle 4s. per night or £1 6s. 6d. weekly.  
Walton House: Rent of cubicle 4s. 6d. per night or £1 10s. 0d. weekly

These charges include baths (soap and towel provided), free use of locker and early calling of residents upon request.

## Section 2

### **Nursing Services Division**

MIDWIFERY

INCIDENCE OF BLINDNESS

CARE OF MOTHERS AND YOUNG CHILDREN

DENTAL CARE

HEALTH VISITING

REGISTRATION OF NURSING HOMES

DAY NURSERIES

TUBERCULOSIS SERVICE

EPILEPSY AND CEREBRAL PALSY

HOME NURSING

DARBISHIRE HOUSE HEALTH CENTRE

CONVALESCENCE

HOME HELP SERVICE

FAMILY WELFARE SERVICE

VENEREAL DISEASES

CHIROPODY





## NURSING SERVICES DIVISION

### STAFF

#### Medical—

Chaim Alexander Royde, M.D.(Lond.), D.P.H., Senior Medical Officer.  
Anne Doreen Lepine, M.R.C.S., L.R.C.P., D.P.H., Deputy Senior Medical Officer  
(Appt'd 1-4-60).  
Muriel Jane Brayshay, M.B., ch.B.  
Mairin Buckley, M.B., B.Ch., B.A.O., L.M.  
Margaret Davenport, M.B., ch.B., D.obst.R.C.O.G.  
Annie Margaret Dawson, B.Sc., M.B., ch.B., D.C.H., D.obst.R.C.O.G.  
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Muriel Hamilton, M.B., ch.B.  
Joyce Kathleen Howarth, M.B., ch.B., D.C.H.  
Rosaline Howat, M.B., ch.B.  
Gwendoline Mary Elsie Keevil, M.B., B.S., D.C.H.  
Zena Delilah Maxwell, M.B., ch.B.  
Lydia McMurdo, M.R.C.S., L.R.C.P., D.P.H.  
Joyce Elizabeth Anne Ovens, L.R.C.P. & S. (Ed.), L.R.F.P.S.(Glas.), D.obst.R.C.O.G.  
Dorothy Elizabeth Margaret Thomas, M.B., ch.B., D.obst.R.C.O.G.

#### Nursing—

Miss M. Anderson, R.S.C.N. Supervisory Matron of Day Nurseries.  
Miss A. Forber, S.R.N., S.C.M., H.V. CERTIFICATE, Q.N.—Superintendent of Home Nursing. (to 14-10-60).  
Miss E. L. Gowing, S.R.N., S.C.M., H.V. CERTIFICATE—Superintendent of Health Visitors. (to 14-4-60).  
Miss E. A. Lamb, S.R.N., S.C.M., M.T. DIPLOMA—Non-Medical Supervisor of Midwives.  
Miss I. D. Williams, R.G.N., R.S.C.N., S.C.M., H.V. CERTIFICATE, N.A.P.H. CERTIFICATE—Superintendent of Health Visitors (from 4-5-60).

## MIDWIFERY

It has been an encouraging year on the whole, and in particular there have been few staffing problems. It is very pleasing that many of those who train with us as students are applying to come on the permanent staff. There is no doubt that the night rota plays a big part in this, the freedom it gives is good for general morale and an improvement in the well being of midwives has been noted.

Many of the midwives are widening their experience and interests by attending evening classes in quite a variety of subjects. It is felt that these factors are reflected in an improvement in the quality of service given by the midwives to their patients.

There have been welcome developments in the field of liaison. This is most noticeable in the requests received from hospitals for home visits to ante-natal patients whose attendance at the hospital clinics has been unsatisfactory. There has also been an increase in the number of premature babies referred by hospitals for domiciliary care.

It is felt, too, that practitioners have made more use of consultant obstetricians and pædiatricians in the domiciliary care of patients.

A considerable amount of in-service training has been given with the help and co-operation of both local pædiatricians and the Central Council of Health Education.

## *Supervision of midwives*

The City Council is the local supervizing authority for the purposes of the Midwives Act. A non-medical supervisor, in accordance with the statutory requirements, exercises supervision over all midwives who notify their intention to practise in the City. She has two assistants whose immediate duties are the day-to-day administration and supervision of the domiciliary midwives employed directly by the City Council.

The following visits were paid by the supervisors:—

Routine inspection visits .. .. .	150
Nursings and labours supervized.. .. .	419
Investigations .. .. .	132
Visits to midwives .. .. .	70
Visits to hospitals and nursing homes .. .. .	47
Visits to ante-natal clinics .. .. .	127
To Coroner's Court .. .. .	3
Meetings and lectures attended .. .. .	11
Talks given .. .. .	6

## *Domiciliary staff*

The establishment provides for a maximum of 67 midwives to be directly employed by the City Council and 12 midwives to be employed on an agency basis by the St. Mary's Hospital Extern Service. At the end of the year the numbers actually engaged in this work were 64 and 7 respectively.

The increase in the number of full-time midwives has rendered the employment of 10 part-time midwives unnecessary. Only two such midwives are now employed.

## *Changes in staff*

Nine midwives left the service; one to take her health visitor's training; three for domestic reasons; four returned to other branches of nursing, while one met with a fatal road accident.

Sixteen new members were welcomed to the Department and it is interesting to note that seven of them were pupils on Manchester districts. This is the second year in succession in which seven midwives have been received into the service from the part II training school.

## *Training of midwives*

Nineteen municipal midwives and two of St. Mary's district midwives are approved for part II training which is operated jointly by St. Mary's Hospital Extern Service and the Manchester City Council. Thirty-six pupils completed their training during the year—eighteen of whom were wholly on the district while the remaining eighteen spent a proportion of their time at the Aspland Maternity Home, Hyde. Thirty-four pupils were successful at their first attempt at the examination of the Central Midwives Board, the other two passed at their second attempt.

## *Post-graduate courses*

Eleven midwives attended recognized courses under rule G.1 of the Central Midwives Board, and an assistant supervisor of midwives attended the special course provided for supervisors under rule G.3.



### *Other educational activities*

Four midwives attended the two-day course on mothercraft which was organized by the Central Council of Health Education.

In view of the increased knowledge and recognition of the condition known as "Neo-natal cold injury" a lecture on this subject was given by a pædiatrician. This was very well attended and much appreciated.

Senior girls from local schools and students in social studies attended the Department and were given talks on work pertaining to the Midwifery Section.

### *Relaxation classes*

Arrangements were made for the midwives to attend and participate in relaxation classes which are held at St. Mary's Hospital. The senior physiotherapist was most helpful in taking groups of midwives for instruction and a total of fifty-four midwives were trained in this aspect of their work.

At seventeen of the municipal clinics midwives now take a relaxation class, which is held during the ante-natal session. These classes are fairly well attended in some parts of the City but are not as popular as could be wished in others. It is hoped that as the classes become more widely known they will be better attended.

### *Night rota scheme*

This has continued to function well. The number of calls referred to midwives between the hours of 6 p.m. and 6 a.m. was 4,518, an increase of 113 over the preceding year.

### *Notifications of intention to practise*

A total of 214 notifications of intention to practise were received, the sources being shown in the following table:—

Municipal midwives	Employed on an agency basis	Independent midwives	Maternity homes having no resident medical officers	Training institutions	Total
71	7	6	20	110	214

### *Transport of midwives*

Thirty-nine midwives use private cars in connection with their work and receive the allowance applicable to essential users under the National Joint Council Scale.

Transport to and from a delivery is provided for midwives not in possession of their own cars.

### *Equipment*

All midwives are equipped with Emotril triline machines and oxygen resuscitators. Those who ask to have a Minnitt's gas/air apparatus in addition are supplied with one. Besides having sphygmomanometers at the ante-natal clinic each midwife has one for her own use and is thus able to take the blood pressure at the home of a patient who has failed to attend the ante-natal clinic. There have been a few instances where this has been the means of ascertaining a potential case of pre-eclampsia.

Midwives also carry a sub-normal clinical thermometer which has a range of 70°–105°F. They are instructed to take the rectal temperature of all newly born babies for the first few days and to report to the supervisor any infant whose temperature is below 94°. This procedure has proved useful in the early recognition of neo-natal cold injury.

### *Ante-natal care*

The midwives hold 32 weekly sessions at 25 ante natal clinics—at seventeen of which relaxation classes are given. The total number of attendances made by the midwives at ante-natal clinics was 4,021. In addition there were 6 ante-natal sessions per week at which medical officers only were in attendance.

The number of ante-natal visits to patients in their own homes was 21,089. It is encouraging that this figure continues to increase each year. It does not include defaulters from hospital and local authority clinics who are followed up as soon as possible by a midwife.

### *Analgesia*

Inhalation analgesia continues to be widely used; 377 mothers had gas/air analgesia, while 3,801 mothers had trilene. Both patients and midwives acclaim trilene as the more efficient.

### *Deliveries*

The total number of notified births in the City was 14,563; of these 5,369 were at home confinements, an increase of 227 over the number undertaken in 1959.

Of the total notified births 2,233 were to mothers normally resident outside Manchester while 806 births occurred outside the City to mothers who were resident in Manchester. Thus 40·87 per cent. of all babies born in 1960 to Manchester mothers were delivered at home.

43 patients who miscarried were nursed by municipal midwives.

**Analysis of place of confinement**

Domiciliary confinements					Institutional confinements		Total
Municipal midwives		St. Mary's district	Independent midwives	Others*	Maternity homes no resident medical officer	Hospitals	
Doctor not present	Doctor present						
3,851	904	559	2	30	764	8,269	14,379

\*These cases were delivered by midwives from other authorities—two by arrangement beforehand, 6 others by mistaking the City boundary. Of the remaining 22 a few were delivered by general practitioners without a midwife being present, while some women delivered themselves without seeking medical attention. These were not discovered in the main until the notifications of birth were received from the Registrar.

The above table relates to the place of confinement and not to the number of actual births. In order to arrive at the latter figure, as 159 twins and 1 set of triplets were delivered in hospital and 23 twins were delivered on the district, 184 births must be added to 14,379 giving a figure of 14,563 notified births.

Co-operation has been maintained with the hospitals by midwives continuing, at the request of the consultants, to assess the suitability of homes for a domiciliary confinement. 1,617 visits for this purpose were made, an increase of 362 over the previous year.

Cancellations of bookings for various reasons totalled 866.

Reasons for cancellation:—

Transferred to hospital—reasons unclassified .. ..	290
Transferred to hospital with signs of toxæmia .. ..	123
Transferred to hospital during labour .. ..	201
Transferred to hospital Rh. negative .. ..	30
Transferred to hospital with low hæmoglobin .. ..	21
Booked a nursing home .. ..	34
Removed from Manchester .. ..	99
Miscarried .. ..	50
Not pregnant .. ..	18

#### *the puerperium*

The Midwives (Amendment) Rules, made on June 28th, 1960, reduced the minimum lying-in period to 10 days. The midwives have therefore, since July, been visiting a normal case for 10 days, passing the case over then to a health visitor who visits on the eleventh day. 84,914 nursing visits were paid by the midwives.

The same Statutory Instrument removed the requirement of midwives to notify the local supervising authority of each case in which artificial feeding is adopted. There are therefore no figures to quote in connection with recourse to artificial feeding but the staff feel that there is a continued unwillingness of many mothers to feed their babies.

Care during the puerperium was also extended to mothers who were discharged from hospital before the tenth day. The number of patients so discharged was 2,218 which involved 8,048 nursing visits.

Numbers of patients discharged from hospital before the 10th day

Day	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	Total
Number of patients ..	21	88	159	148	163	335	561	669	74	2,218

Almost all the patients discharged on the first three days had been booked for domiciliary confinement but had been admitted to hospital during or before labour.

The trend for earlier discharge of patients from hospital is evident from the following figures:—

Year	Patients discharged under 10 days	Visits to patients discharged under 10 days
1958 .. ..	1,029	4,356
1959 .. ..	1,708	7,091
1960 .. ..	2,218	8,048



## *The Cranbrook report*

In accordance with the recommendation of this report a "Local Maternity Liaison Committee" has been instituted. The Medical Officer of Health, the Senior Medical Officer—Nursing Services Division, and the Supervisor of Midwives are members of this Committee and attended three meetings convened since its inception on May 25th.

The terms of reference of this committee outlined in paragraph s310 and 311 of the Cranbrook report are in effect to ensure that the local provisions for maternity care in the area, whether provided by the hospitals, the local health authority or the general practitioner obstetrician are used to the best advantage; this task to include ensuring:—

- (a) that local arrangements are made for the proper selection of patients for hospital confinement,
- (b) that a sufficient number of beds is reserved for ante-natal care and that there is no overbooking,
- (c) that there is the closest co-operation between the hospital and the local authority as the latter will be responsible for assessing cases of social need and for providing health education both for patients booked for hospital and domiciliary confinements,
- (d) that the hospital and specialist services are available where necessary to general practitioner obstetricians.

It was decided to institute a survey of all new patients attending any ante-natal clinic during March 1961 and to use the information obtained as a guide to the local need for hospital beds.

Consultant obstetricians and pædiatricians were called to domiciliary cases on several occasions by the general practitioner obstetricians. Their help and advice has proved invaluable.

### *Emergency cases (Flying Squad).*

The Flying Squad, which is stationed at St. Mary's district midwives hostel is manned by an obstetrician, an anæsthetist and a senior midwife of their domiciliary service. All midwives in the City are authorized in an emergency to summon the squad on their own initiative.

There was a total of 161 calls which shows an increase of 25 over the call in 1959.

Sources of requests for the Flying Squad

Municipal midwives	St. Mary's district	Midwives outside the City boundary	Nursing homes within the City boundary	Nursing homes outside the City boundary	General practitioners	Ambulance call	Total
64	15	11	30	8	32	1	161

## Medical aid

There were 1,645 requests for medical aid in accordance with the Central Midwives Board rules. Of these 140 were from midwives in maternity homes which have no resident medical officer. 383 of the total calls by domiciliary midwives were for emergencies during the ante-natal period and may be classified thus:—

Rise in blood pressure and/or albuminuria ..	151
Ante-partum hæmorrhage.. .. .	68
Malpresentation .. .. .	134
Low hæmoglobin .. .. .	27
Blood rhesus negative .. .. .	3

## Puerperal pyrexia

370 cases of puerperal pyrexia were notified under the Pyrexia Regulations of 1959, the rate per 1,000 total births being 25·40.

This compares with a rate of 33·24 in 1959. The incidence of pyrexia is shown in the following table:—

Incidence of pyrexia

	Municipal midwives	St. Mary's district	Institutions	General practitioners	Totals
(1) Infections of genital tract ..	2	1	31	—	34
(2) Abortions .. ..	—	—	—	3	3
Extra-genital causes .. ..	6	5	89	—	100
Unclassified ..	9	3	221	—	233
Totals ..	17	9	341	3	370

220 abortions were known to have occurred; they were not notifiable under the Regulations and the patients were transferred to hospital. This compares with a total of 301 in 1959.

## Maternal deaths

There were five deaths in the City which were directly attributable to, and the death associated with, childbirth.

The mortality rate was 0·31, while that for 1959 was 0·95.

The five deaths directly attributable to childbirth were due to the following causes:—

### Abortions—

1. Septicaemia following septic abortion.
2. Toxaemia associated with abortion.  
Self-induced—accidental death.

### *Deliveries—*

#### 1. Anaemia.

Right-sided heart failure.

Pneumonia.

Pyelonephritis associated with Caesarian section for prolapsed cord.

#### 2. Subarachnoid hæmorrhage.

Essential hypertension.

#### 3. (i) Pulmonary embolus.

(ii) Asthma. Hypertension. Parturition.

The registered cause of death of the associated case was:—

Myocardial degeneration (fibrosis) associated with the strain of pregnancy.

In addition there were two other deaths in Manchester hospitals, the home addresses of the patients being outside the City, viz. Oldham and Bacup.

The registered causes of death for these cases were:—

#### 1. Septicaemia due to septic abortion.

#### 2. (a) Renal failure.

(b) Renal cortical necrosis.

(c) Ante-partum hæmorrhage.

### *Stillbirths*

A total of 393 stillbirths were notified during the year; 46 of these occurred in domiciliary practice while 347 occurred in institutions. Of the 46 domiciliary stillbirths 17 were macerated, and 18 weighed less than 4lbs.

The number of domiciliary stillbirths declined by 11, which is gratifying when there was an increase of 227 births on the district.

### *Premature baby service*

Four midwives who have received special training in the care of premature babies are employed for the domiciliary care of such infants. A total of 737 babies were referred to the Department, which necessitated 6,040 nursing visits. The sources of reference are shown in the following table:—

Hospitals	Maternity homes	Midwives	Health visitors	Total
575	23	128	11	737

The number of premature babies nursed was 127 more than the previous year.

### *Liaison with hospitals*

Forty-nine paediatric clinic sessions were attended and 82 visits paid to the hospitals to discuss particular cases with paediatricians. In two premature baby units the nurses are able to meet the paediatrician and discuss and see the babies who are almost ready for discharge whilst the information which the premature baby nurses gave to the hospital staff regarding the social and home conditions was helpful to them. This personal contact is a special feature of the service and has been growing over the past year or so.



# Premature live and still-births

The following tables give particulars as to the survival of premature infants born alive at home and in nursing homes and hospitals in the City during 1960.

Particulars are also given regarding still-births.

## 1. Number of premature live births notified (as adjusted by transferred notifications).

(a) In hospital .. .. .	753
(b) At home .. .. .	281
(c) In private nursing homes .. .. .	40
Total .. .. .	1,074

## 2. Number of premature still-births notified (as adjusted by transferred notifications).

(a) In hospital .. .. .	190
(b) At home .. .. .	18
(c) In private nursing homes .. .. .	3
Total .. .. .	211

Weight at birth	Premature live births															Premature still-births		
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	(17)	(18)	(19)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)			
(a) 3lb. 4oz. or less (1,500 gms. or less) .. .. .	84	42	26	11	2	9	15	10	—	1	—	1	1	1	—	91	9	3
(b) Over 3lb. 4oz. up to and including 4lb. 6oz. (1,500-2,000 gms.) .. .. .	144	19	111	19	—	19	16	1	13	6	—	6	1	1	—	47	4	—
(c) Over 4lb. 6oz. up to and including 4lb. 15oz. (2,000-2,250 gms.) .. .. .	184	6	174	16	—	16	20	—	18	7	—	7	—	—	—	20	2	—
(d) Over 4lb. 15oz. up to and including 5lb. 8oz. (2,250-2,500 gms.) .. .. .	326	8	316	172	—	172	9	—	7	24	—	24	—	—	—	32	3	—
Not weighed .. .. .	15	15	—	1	1	—	2	2	—	—	—	—	—	—	—	—	—	—
Totals .. .. .	753	90	627	219	3	216	62	13	38	38	—	38	2	2	—	190	18	3



An example of the benefit of this liaison may be seen in the following case story:—

Mother stated she was 23 years of age and married. Her baby, delivered in hospital, was full term and weighed 5 lbs. 8 ozs. This girl took her own discharge from hospital on the fifth day against medical advice, taking the baby with her.

The premature baby nurse who was asked to visit found the home conditions most unsuitable, the room was dirty and cold, the baby most inadequately provided for. His temperature was 89°F. The baby was immediately returned to the premature unit, some pressure being brought to bear on the mother. It transpired that she was not married and was only 17 years of age. She had absconded from an approved school in another county.

Due to the co-operation of the domiciliary premature baby nurse, the hospital authorities and the local authority of the county from which the girl originally came, she is now at home with her baby—on probation.

Equipment

Cots, blankets and hot water bottles are provided on loan to necessitous cases.

Neo-natal history of premature infants

Weight at birth	Number	Survived	Died	To hospital
3 lb. 4 oz. or less	28	28	—	4
3 lb. 4 oz.—4 lb. 6 oz.	114	113	1	6
4 lb. 6 oz.—4 lb. 15 oz.	189	188	1	5
4 lb. 15 oz.—5 lb. 8 oz.	406	406	—	5
Totals ..	737	735	2	20

The two babies who died had been transferred to hospital previously. The registered causes of death were:—

- 1. Pulmonary collapse. Congestive cardiac failure.
- 2. Broncho pneumonia.

The reason for the transfer to hospital of 20 babies is shown in the following table.

						Totals
Failure to thrive..	..	..	..	..	..	5
Gastric symptoms	..	..	..	..	..	3
Respiratory symptoms	..	..	..	..	..	2
Cerebral symptoms	..	..	..	..	..	2
Pertussis	..	..	..	..	..	1
Melaena	..	..	..	..	..	3
Falling haemoglobin	..	..	..	..	..	1
Cold injury..	..	..	..	..	..	3
Total	..	..	..	..	..	20



In addition, six healthy premature infants accompanied their mothers who were transferred to hospital with puerperal pyrexia.

The premature baby nurses received instruction in conjunction with the midwives in relaxation classes for expectant mothers. This was to ensure that no relaxation session should be interfered with owing to staff difficulties or the fact that any midwife has been held up on a labour case.

Since receiving their training the premature baby nurses have taken 11 relaxation classes for expectant mothers.

#### *Ophthalmia neonatorum and other eye conditions*

Three State registered nurses who are also in possession of the ophthalmic certificate are employed for the care of all eye cases referred to the Department. They work under the direction of the consultants at the Royal Eye Hospital and the general practitioners.

Their duties consist mainly in the treatment of neo-natal conditions but they also follow up children under five who have been discharged from the Royal Eye Hospital.

One such case may be quoted as an example :—

A mother noticed her 13-month-old baby had developed a squint—this was in turn reported to her general practitioner, and the consultant of the Royal Eye Hospital. The baby was admitted to hospital where one eye was enucleated and the other eye treated with an implantation of radium. The case was one of retinoblastoma.

The child was given appointments at three-monthly intervals at the hospital but the ophthalmic nurse visited the home frequently, not only to assist the mother in the instillation of drops but to console and train her in handling a practically blind baby. The nurse was able to report to the consultant at the hospital in person as to the child's progress and the mother felt most assured knowing that the nurse who was visiting her was also in touch with staff at the hospital.

#### *Place of treatment for cases of ophthalmia neonatorum and conjunctivitis in newly born*

Number of cases attending Royal Eye Hospital:—

In-patients	..	..	..	..	..	..	..	..	..	..	9
Out-patients	..	..	..	..	..	..	..	..	..	..	49
Number of cases attending own doctor	..	..	..	..	..	..	..	..	..	..	751
Total	..	..	..	..	..	..	..	..	..	..	809

\*These patients were followed up after discharge.

Corneal infections..	..	..	..	..	..	..	..	..	..	..	Ni
Swabs for gonococcal infections:—											
Positive	..	..	..	..	..	..	..	..	..	..	3
Negative	..	..	..	..	..	..	..	..	..	..	20
Total	..	..	..	..	..	..	..	..	..	..	23

This compares favourably with 7 positive cases in 1959.

In all cases of positive eye swabs the information was transmitted to the rector of Venereology and the special visitor contacted the family with a view the parents having treatment.

Summary of cases of ophthalmia neonatorum, conjunctivitis and other eye defects

Discharged as recovered .. .. .	680
Discharged with damaged sight .. .. .	28
Died from any cause .. .. .	1
Removed from district .. .. .	—
Still under treatment at end of year .. .. .	86

Analysis of eye conditions of children over 14 days referred by health visitors and child welfare centres

	Brought forward from 1959	New cases 1960	Carried forward to 1961
Conjunctivitis (simple) .. .. .	16	112	8
Acute conjunctivitis .. .. .	6	52	1
Nasal obstruction .. .. .	45	334	32
Otitis .. .. .	2	2	—
Deafness .. .. .	4	10	—
Genital catarrh .. .. .	17	3	13
Strabismus .. .. .	4	2	2
Refractive vision .. .. .	17	2	7
Ophthalmia .. .. .	—	1	1
Trachoma .. .. .	4	5	2
Ophthalmia .. .. .	4	1	3
Is .. .. .	4	—	2
Otitis .. .. .	1	1	1
Neonatal fibroplasia .. .. .	2	—	1
Choroidoma .. .. .	3	—	3
Corneal atrophy .. .. .	2	—	1
Epithelial cyst .. .. .	1	—	1
Glaucoma .. .. .	—	6	6
Neuroblastoma .. .. .	—	2	2
	132	533	86

Admission to Sunshine Homes for blind babies

One little boy aged 12 months was admitted to the Sunshine Home at Southampton. Prior to his admission he lived with his parents in one room and his father was on shift work which often involved nights on duty and days off, the child had very little opportunity for normal development or self-expression.

After one term at the Sunshine Home it was difficult to realise he was the same child. He was happy and smiling, had put on weight and was self-reliant in his movements. The parents were delighted with his progress.

Myopia clinic

The ophthalmic nurses followed up 30 cases which had received advice from attending this special clinic. Twenty-eight of the parents had acted on the advice given and their children were wearing glasses, but two parents were refusing for their children to do so. These children are being followed up.

# INCIDENCE OF BLINDNESS

(National Assistance Acts)

The information contained in Parts A and B of the following statement which is in the form requested by the Minister of Health, has been supplied by the Chief Welfare Officer of the City Council's Welfare Service Department:—

## A.—Follow-up of registered blind persons

(i) Number of cases registered as blind during the year 1960 in respect of which Section F of Form B.D. 8 recommends:—	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Other
(a) No treatment .. .. .	24	16	—	53
(b) Treatment (medical, surgical or optical) .. .. .	15	6	—	23
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment..	10	5	—	21
(iii) Number of cases at (ii) above in which:—				
(a) Vision improved .. .. .	—	1	—	2
(b) Sight restored .. .. .	—	—	—	—
(c) Treatment continuing at end of year	9	4	—	16

## B.—Follow-up of registered partially-sighted persons

(i) Number of cases registered as partially-sighted during the year 1960 in respect of which Section F of Form B.D.8 recommends:—	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Other
(a) No treatment .. .. .	7	2	—	18
(b) Treatment (medical, surgical or optical) .. .. .	35	13	—	55
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	33	13	—	52
(iii) Number of cases at (ii) above in which:—				
(a) Vision improved .. .. .	9	1	—	15
(b) Sight restored .. .. .	—	—	—	—
(c) Treatment continuing at end of year	22	8	—	30

## C.—Ophthalmia neonatorum

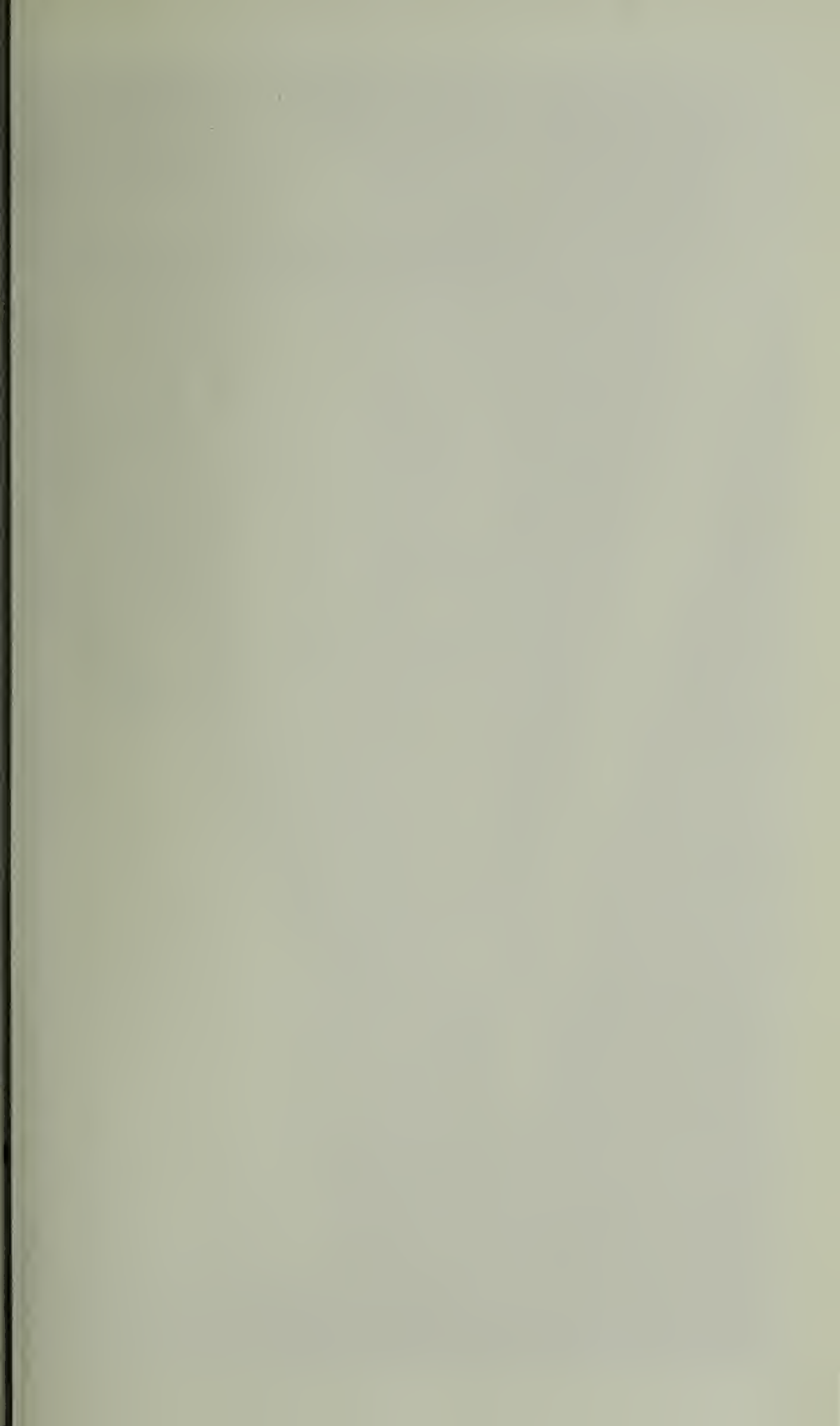
- (i) Total number of cases notified during the year .. .. .
- (ii) Number of cases in which—
- (a) Vision lost .. .. .
- (b) Vision impaired .. .. .
- (c) Treatment continuing at end of year .. .. .

Cases of retrolental fibroplasia among premature infants .. ..

Cases of congenital cataract among premature infants .. ..

Cases of optic atrophy among premature infants .. ..







Didsbury Clinic

## CARE OF MOTHERS AND YOUNG CHILDREN

### Welfare centres

The construction of new buildings to replace unsuitable premises used as maternity and child welfare centres continued during the year. Two new clinics were opened; the first, in Didsbury, includes units for maternity and child welfare and dental services, and the other one, in Moss Side, maternity and child welfare facilities and a district nurses report centre. Both maternity and child welfare centres were previously in Sunday School premises.

Construction commenced on two combined clinics in Blackley and Higher Blackley. Each building will house a maternity and child welfare centre, a school clinic and a dental unit.

Sites for other new clinics have been obtained in Hulme, Crumpsall, Harpurhey, Abbey Hey and Gorton in pursuance of the Health Committee's policy to replace unsatisfactory centres by new centres or combined clinics at the rate of three per year.

At the end of the year the number of centres was unchanged, namely, 28 municipal and one voluntary.

### Clinics

Weekly clinics were held in the centres as follows:—

Infants .. .. .	79
Toddlers .. .. .	28
Ante-natal .. .. .	38

Medical officers were in attendance at these clinics with the exception of children's sessions which were taken by health visitors only and 6 ante-natal sessions taken by midwives only. Four joint ante-natal and post-natal sessions were held at 4 centres each week.

### Physiotherapy

At the beginning of the year the number of physiotherapists employed was 1 full-time and 4 part-time. In April, however, 2 full-time and 1 part-time physiotherapist were transferred to the School Health Service of the Education Department; 3 part-time physiotherapists (undertaking a total of 3 sessions per week) remained in the employ of the Health Department.

The service was then reorganized so that the ante-natal and post-natal exercises were given at maternity and child welfare centres by midwives and the three part-time physiotherapists while the children's exercises, massage and artificial sunlight treatments were carried out by the physiotherapists of the School Health Service.

### Domestic science classes

Sewing and cookery classes are held mainly while a clinic session is also in progress in the centre. Mothers bring their babies and toddlers with them and a voluntary worker, or sometimes one of the mothers, looks after them while the class is in progress: toys and other play materials are provided for the children.

Some of the mothers who attend the sewing classes have had very little previous experience, but they learn very quickly and eventually make some excellent garments under the supervision of the sewing teacher.



The mothers enjoy these classes and are most appreciative, not only of the opportunity provided but also of the economic benefit which accrues. On the whole they make useful garments for the family such as shirts, trousers, dresses and coats for the children, but towards Whit-week many of the mothers make really beautiful dresses for their children to wear in the "Whit Walks."

An exhibition of the work done is held from time to time and members of the Health Committee and staff are invited to attend.

The cookery classes are less well attended but as facilities improve with the building of new maternity and child welfare centres it is hoped that enthusiasm will grow. This is particularly important as so many mothers lack a basic knowledge of cookery and of dietary needs.

The cookery teacher plans a programme and the mothers bring their own ingredients, having been told the previous week what will be required. The mothers really like to prepare something which they can take home for the family tea and this provides a splendid opportunity for teaching food values.

The facilities provided are as follows:—

No. of sewing classes.. ..	19
No. of cookery classes .. ..	5
No. of sewing teachers .. ..	3
No. of cookery teachers .. ..	4

*Attendances, etc.*

Attendances at sessions held during 1960 with comparable figures for 1959 are given below :—

Infant and toddlers sessions	1960	1959
Under 1 year .. .. .	8,226	7,277
1 to 5 years .. .. .	11,517	11,052
Totals	<u>19,743</u>	<u>18,329</u>

Attendances made by children :—

Under 1 year .. .. .	94,768	105,323
1-2 years 15,868	33,405	36,938
2-3 years 8,847		
3-4 years 5,436		
4-5 years 3,254		
Totals	<u>128,173</u>	<u>142,261</u>

Ante-natal sessions :—

Number of new attenders .. .. .	6,259	6,563
Total number of attenders .. .. .	8,521	8,216
Number of attendances .. .. .	48,477	41,450

Post-natal sessions :—

Number of attenders .. .. .	75	126
Number of attendances .. .. .	110	195

Physiotherapy sessions :—

Ante-natal exercises—

Number of attendances .. .. .	1,856	1,053
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endances, etc.—contd.

Post-natal exercises—		
Number of attendances . . . . .	29	40
Remedial exercises—		
Number of attendances (children)	1,982	3,744
Massage—		
Number of attendances (children)	1,912	3,479
Artificial sunlight :—		
Number of children treated for the first time . . . . .	99	117
Number of cases brought forward from previous year . . . . .	30	26
Total number of children treated . . . .	129	143
Total number of exposures . . . . .	2,997	3,187

## Children attending child welfare centres

Centre	On register January 1st, 1960			New attenders during 1960			On register January 1st, 1961		
	0-1 year	1-2 years	2-5 years	0-1 year	1-2 years	2-5 years	0-1 year	1-2 years	2-5 years
Abbey Hey .. .. .	295	197	327	367	21	48	365	251	363
Ancoats .. .. .	139	34	33	92	12	14	82	61	44
Ardwick .. .. .	174	143	183	290	32	44	229	147	196
Baguley .. .. .	431	198	273	268	24	81	444	218	369
Blackley .. .. .	112	84	123	125	7	13	135	90	118
Burnage .. .. .	173	138	167	226	12	27	197	151	199
Cheetham .. .. .	240	141	169	368	20	33	296	142	130
Chorlton-on-Medlock .. .. .	230	120	153	262	28	66	203	130	217
Chorlton-cum-Hardy .. .. .	351	275	280	462	25	48	447	270	266
Clayton .. .. .	179	137	184	206	29	58	174	129	185
Collyhurst .. .. .	316	215	211	411	54	112	371	177	233
Crumpsall .. .. .	172	163	238	195	5	14	170	122	192
Darbishire House .. .. .	313	205	127	442	31	20	424	216	114
Didsbury .. .. .	203	168	258	266	15	25	214	179	287
Gorton .. .. .	303	174	215	373	25	71	387	230	269
Harpurhey .. .. .	293	247	256	430	35	58	263	212	240
Higher Blackley .. .. .	152	121	165	155	6	15	158	130	115
Holy Name .. .. .	99	25	21	109	18	15	124	59	44
Hulme .. .. .	164	115	108	205	13	16	228	129	102
Levenshulme .. .. .	370	278	456	490	36	73	426	285	479
Moss Side .. .. .	489	276	301	711	82	164	657	193	268
Newton Heath .. .. .	217	159	237	319	14	19	266	145	217
New Moston .. .. .	258	176	167	308	14	19	259	167	217
Northern Moor .. .. .	154	172	344	186	9	15	249	150	284
Northern Moor .. .. .	148	95	132	171	19	76	144	133	150
Openshaw .. .. .	364	219	249	421	18	16	346	240	229
Wilbraham .. .. .	178	156	115	196	22	30	174	153	175
Withington .. .. .	343	212	271	369	28	33	282	244	308
Woodhouse Park (Civic Centre)	417	264	383	519	63	287	512	294	460
Totals 1960 .. .. .	7,277	4,907	6,146	8,942	717	1,510	8,226	5,047	6,470
Totals 1959 .. .. .	7,242	5,044	6,275	8,559	1,808	1,278	7,277	4,906	6,140

The total number of new cases in the 1—2 years age group shows a substantial decrease when compared with the figure for 1959. It should be pointed out, however, that the figure for 1959 was exceptionally high when compared with previous years (e.g. the figure in respect of 1958 was 836).

### Minor ailments

48 children under 5 years of age were referred by the medical officers at the welfare centres to the School Medical Service for the treatment of minor ailments. Children who fail to attend or cease attending before treatment is completed are followed up by health visitors who stress the desirability of treatment.

Types of ailment and numbers of children referred for treatment are shown below.

#### Number of children referred for treatment of minor ailments

Squint .. .. .	38
Otorrhoea .. .. .	—
Other minor ailments ..	10

### Welfare foods

The maternity and child welfare centres provide facilities for the issue of national welfare foods to all beneficiaries irrespective of whether they attend the centres.

In addition to the 29 maternity and child welfare centres there are 8 other national welfare food centres, 2 of which are situated at large factories for the convenience of the employees.



Parents who attend the maternity and child welfare centres regularly are also able to purchase proprietary brands of foods on the recommendation of the centre medical officer, but the variety and range of these foods was appreciably reduced throughout the year. Milk foods are supplied free of charge in necessitous cases; the cost of such issues to the Corporation in 1960 was £445 as compared with £501 in 1959.

Particulars of issues of national welfare foods are shown below:—

Period	National dried milk —tins	Cod liver oil —bottles	"A & D" vitamin tablets —packets	Orange juice —bottles
55 .. .. .	384,896	94,638	37,999	468,322
56 .. .. .	362,936	86,924	38,911	490,787
57 .. .. .	286,929	70,505	37,708	509,526
58 .. .. .	210,696	43,968	35,031	322,042
59 .. .. .	190,468	42,759	36,119	324,140
60 .. .. .	174,729	41,171	36,852	296,089

The figures do not include issues to hospitals, day nurseries or non-main-  
tained nursery schools.

#### *Voluntary workers*

Voluntary assistance at maternity and child welfare centres, which was very much appreciated, was given by 23 ladies who made a total of 525 attendances.

#### *Travelling homecraft teaching exhibition*

The travelling homecraft teaching exhibition was discontinued in April as it was thought desirable that all health visitors should be encouraged to make their own teaching aids. The present system is that health visitors either make their material in the centres or at the headquarters where the exhibition used to be made, and the staff who previously prepared this material are still available in an advisory capacity should any one wish their help. This has proved very valuable and they have provided many initial creative ideas. They prepare material for each monthly staff meeting which is displayed on peg boards. By this means all the health visitors have an opportunity of increasing their knowledge of varieties of visual aids, and considerable wealth of latent talent has been revealed which is inevitably reflected in more personal and more effective health education.

#### *Mothers evening clubs*

The evening clubs at Cheetham and Northenden maternity and child welfare centres continued throughout the year and a third club opened at the Woodhouse Park centre. The centres are used for this purpose with the consent of the Health Committee.

#### *Cheetham mothers club*

This club was formed in March 1948 and has proved a very useful and popular means of providing some of the mothers of the area with a centre for social activity. The meetings take place fortnightly on Wednesday evenings and the usual procedure during this last year was to alternate social evenings with talks and discussions. The average attendance for the year was twelve.

#### *Activities*

5 social evenings

These comprised beetle drives and games evenings.

*Cheetham mothers club (continued)*

Activities (continued)

4 talks	Making cancer ordinary Strained foods Manchester parks Experiences of a church worker in Strangeways prison
4 business meetings	
3 demonstrations	Washing machines. Pastry and cake making. Making of artificial flowers.
3 discussions	Home confinements and hospital confinements. Should husbands and wives have separate interests? Should the 11-plus examination be abolished?
3 visits	Half-day trips to Chester Zoo with the children. Evening visit to the Food and Cookery Centre (fish cookery). Evening visit to Taxal Lodge.
2 theatre evenings	"The World of Suzy Wong". "More Words and Music".
1 jumble sale.	

The mothers of the Cheetham club keep part of their funds for providing flowers and fruit for sick members who are always visited during an illness.

*Northenden mothers club*

The Northenden mothers club was opened in November, 1950, and has been a most successful venture. Some of the original members are still attending the meetings. The past year has been a successful one judging by the enjoyment shown and the regular attendance of the members.

Twenty-two meetings were held and the average attendance was 18. The membership has increased by one.

Activities

7 talks	Doctor — Effects of television on the family Doctor — Hypnosis Home decoration. Floral decoration and demonstration. Talk and discussion with student health visitors. Family allowances. B.E.A. — Travel (with film). Holidays abroad (with film).
3 social evenings	
3 visits to places of interest	Wythenshawe Park Greenhouses, Styal wood Evening Chronicle offices.

### *Northenden mothers club (continued)*

#### activities (continued)

- 2 beetle drives
- 2 outings by coach

Cheshire beauty spots.  
Blackpool illuminations.

- 1 beauty demonstration.
- 1 American supper.
- 1 jumble sale.
- 1 keep fit demonstration.

The dance and social held on 16th December was very successful. Some members from the Woodhouse Park club attended with their husbands and friends. There were also members of the staff present including the medical officer of the child welfare centre. A total of about 100 people enjoyed the evening. Unfortunately the Cheetham club social was held on the same night so their members could not attend, but the amalgamation of two of the clubs for this evening was very successful.

A childrens party was held on December 18th and was as usual a success, both mothers and children appearing to derive much enjoyment from the evening. One of the club members who is a pianist played for games, songs, etc., so no expense was incurred towards providing music. Father Christmas paid his customary visit.

### *Woodhouse Park mothers club*

This club opened on 7th April and since then 53 members have enrolled. 9 meetings were held with an average attendance of 24.

#### Activities

- 5 talks

Behind the scenes in television  
A remand home for girls  
The work of the probation officer  
A hopeful view of cancer  
A history of English cheeses

- 3 social evenings
- 2 beetle drives
- 2 discussions

Do children see too much television?  
Hire purchase and high pressure salesmanship  
Moreton Old Hall.  
Cookery.

- 1 coach outing
- 1 film
- 1 quiz team
- 1 brains trust
- 1 beauty demonstration
- 1 jumble sale

The club has been welcomed as a means of making friends by mothers who have moved into the area recently. It has also helped those who, though they had resided in the Woodhouse Park area for some time, had failed to make contact with other people, largely because of the lack of a common meeting ground.

The members have been encouraged to inform the Committee of any sick members so that a visit can be made and a small gift of fruit or flowers left on behalf of the members.

An exchange clothing scheme is operating well. The mothers bring any clothing which is outgrown by their children and exchange garments with other mothers.



### *Mother and baby clubs*

Two mother and baby clubs are run by the W.V.S., one in the Baguley maternity and child welfare centre and one in the Northenden centre. The attendance in Baguley averages 20-25 and in Northenden, which started more recently, 10.

These clubs have appealed to the mothers who can have an enjoyable afternoon together while the children are looked after by voluntary helpers. Many have benefited very much from the contacts made at the meetings. Loneliness caused through moving to a new area with no friends near, or following family bereavement, has been relieved by the cheerful atmosphere of the meetings. Subjects of educational value are included in the activities, including talks by the health visitors.

We are very grateful to the members of the W.V.S. for their work in organizing these activities.

### *Mother and baby club Baguley*

The Club was opened on March 1st by Mrs. Amy Pollitt, O.B.E., the Manchester Borough Organizer of the W.V.S., assisted by Mrs. Marjorie Pollitt of the Wythenshawe branch of the W.V.S. The mothers formed their own committee consisting of a leader, treasurer, secretary and six committee members.

The babies and toddlers are cared for by four helpers in a separate room while the mothers enjoy themselves for the afternoon starting with tea and biscuits. This is followed by a talk or discussion, games, a quiz or film, and sometimes just a chat or a general meeting.

The activities included:—

- A talk on cancer.
- Film and talk by the Cotton Board.
- Care of the teeth.
- Accidents in the home.
- Play reading and miming session.
- Talk by beauty consultant.

There were two outings, one to Rudyard Lake and the other to the Opera House, Manchester.

The mothers thoroughly enjoy their free afternoons and have made many friends during the year.

### *Mother and baby club Northenden.*

The Club commenced only on November 7th. Many interesting talks have been given including one on the work of a magistrate, and there has been a film show on nutrition. The club is run on the same lines as the one in the Baguley centre. It is hoped as time goes on more mothers will appreciate the facilities offered.

### **Nurseries and Child Minders Regulation Act, 1948**

The number of child minders on the Register at the end of the year was 114, an increase of 7 over the previous year; these registered persons were authorized to mind a maximum of 133 children, the comparable figure for 1959 being 104. Three applications for registration as child minders were refused.

A person was fined £5 by the Stipendiary Magistrate for minding more than 2 children when not registered as a child minder.

The number of day nurseries registered under this Act remains at 3, of which one is subsidized by the Corporation under Section 22 of the National Health Service Act, 1946.

Particulars of the child minders and nurseries registered under the Nurseries and Child Minders Regulation Act, 1948, are summarized below:—

Premises	Number registered at end of year	Number of children provided for
Factory nursery .. .. .	1	30
Other nurseries .. .. .	2	65
Homes of child minders .. .. .	18	133

### Care of illegitimate children and their mothers

The unmarried mother and her child present special problems and the departmental arrangements for the care of these mothers and children include the appointment of a health visitor engaged as a Welfare Officer for this purpose.

During the year four health visitors were given the opportunity to acquire further experience in the care of the unmarried mother and her child by each assisting the Welfare Officer for a period of four months.

The extent of the department's activities and comparison with the previous year is indicated in the following particulars.

#### 1. The sources of reference of the new cases were as follows:—

	1960	1959
Day nurseries .. .. .	1	—
Magistrates .. .. .	1	—
Minister of Religion .. .. .	1	—
Health visitors .. .. .	183	169
General practitioners .. .. .	69	76
Hospital almoners .. .. .	93	63
Self-referred .. .. .	50	61
Maternity and child welfare centre staff .. .. .	32	39
Moral welfare workers .. .. .	49	32
Social workers .. .. .		11
Children's Department .. .. .	5	12
National Assistance Board .. .. .	19	24
Medical Officers of Health from other areas .. .. .	2	—
Probation Officers .. .. .	7	4
Mental Health Section .. .. .	5	6
Midwives' Section .. .. .	14	20
Home Help Section .. .. .	—	1
Welfare Services Department .. .. .	8	3
Councillors .. .. .	—	2
Police .. .. .	1	1
Employers .. .. .	2	2
Youth Employment Bureau .. .. .	—	2

Matron of Ashton House Municipal Hostel .. ..	—	
Matrons of Nursing Homes .. .. .	3	—
N.S.P.C.C. .. .. .	3	—
Totals .. .. .	548	53

## 2. Visits and interviews

Office interviews .. .. .	655	77
Home visits .. .. .	533	50
Visits to hospitals.. .. .	69	7
Visits to Knowle House .. .. .	93	9
Visits to other hostels.. .. .	—	
Miscellaneous visits .. .. .	7	
Interviews with health visitors and other social workers	284	18
Attendances at Magistrates Courts .. .. .	34	5
Totals .. .. .	1,675	1,69

3. Health visitors' reports dealt with .. .. . 2,892 2,6

4. Number of expectant mothers .. .. . 267 20

5. Number of mothers with illegitimate children .. .. 577 5

6. Number of illegitimate children .. .. . 757 7

7. Details of illegitimate children dealt with during 1960.

Children born in 1960 whose mothers were advised during the ante-natal period in 1959	Children born in 1960 whose mothers were advised during the ante-natal period in 1960	Other children of all ages whose mothers were advised for the first time in 1960	Carried forward from previous year	Total
49	155	281	272	757

8. Classification of persons dealt with in the ante-natal period and results of confinement.

	Live Births	Births pending	Still-births	Mis-carriages	Not pregnant	Total
Single .. .. .	135	66	3	1	1	20
Married .. .. .	17	8	—	—	—	2
Widow.. .. .	1	2	—	—	—	
Divorcee .. .. .	2	2	—	—	—	
Parents married before birth of baby..	—	12	—	—	—	1
Mother removed.. .. .	—	17	—	—	—	1
Totals .. .. .	155	107	3	1	1	26



# 9. Particulars of illegitimate children remaining with their mothers.

Mother	In lodgings or absorbed into family	With mother and putative father	With mother in a hostel	Parents subsequently married	Removed from Manchester address known	No trace	Deaths	Totals
Single .. .. .	392	83	4	18	21	8	3	529
Married .. .. .	58	25	1	—	2	2	1	89
Widow .. .. .	9	—	—	—	—	—	—	9
Divorcee .. .. .	17	5	—	—	1	—	—	23
Totals .. .. .	476	113	5	18	24	10	4	650

# (10) Particulars of illegitimate children apart from their mothers

Mother	With adopters	With relatives	In the care of the Children's Committee	With foster mothers	In residential nurseries (private)	With putative father	Deaths	Totals
Single .. .. .	54	10	21	3	4	—	—	92
Married .. .. .	2	—	1	1	3	7	—	14
Widow .. .. .	—	1	—	—	—	—	—	1
Divorcee .. .. .	—	—	—	—	—	—	—	—
Totals .. .. .	56	11	22	4	7	7	—	107

# 11. The action taken by the Welfare Officer as regards cases referred was as follows:—

Accompanied mothers, babies and expectant mothers to hostels and hospitals .. .. . 138

Ante-natal care arranged .. .. . 11

# Cases referred to—

Children's Department .. .. . 40

Welfare Services Department .. .. . 4

Mental Health Service .. .. . 1

National Assistance Board .. .. . 20

Catholic Moral Welfare Council .. .. . 14

Diocesan Council for Moral Welfare .. .. . 6

Manchester and Salford Methodist Mission .. .. . 1

National Society for the Prevention of Cruelty to Children .. 4

Police .. .. . 1

Ashton-under-Lyne Adoption Society .. .. . 2

Women's Voluntary Service .. .. . 8

Home Help Section .. .. . 1

Marriage Guidance Council .. .. . —

Other organizations .. .. . 4

Protection and Rescue Society .. .. . 19

# Assistance given—

To book a hospital bed .. .. . 89

To obtain a vacancy in a day nursery .. .. . 8

To obtain legal advice .. .. . 11

To find lodgings .. .. . 6

Provision of second-hand perambulators and cots .. .. . 7

Provision of second-hand clothing .. .. . 7

Advice given regarding—

General matters .. .. .	11
Adoption .. .. .	15
Hostel accommodation .. .. .	13
National Health Insurance Benefits .. .. .	11
Affiliation Order cases .. .. .	7
Day nursery accommodation .. .. .	8
National Assistance allowances .. .. .	6
Residential nursery accommodation .. .. .	1

Regular visits were paid to 19 families requiring close supervision.

12. Affiliation Order cases.

Applications for affiliation orders were heard by the Manchester Magistrates Court and were dealt with as shown:—

Assistance given by	Orders granted
Welfare officer .. .. .	20
Welfare officer and National Assistance Board .. .. .	12
Welfare officer and private solicitor .. .. .	4
Total .. .. .	36

13. Investigations concerning adoption:—

During the year 56 reports were forwarded to Manchester Children's Officer following his request for information concerning mothers who had made an application for adoption.

14. Girls under the age of consent:—

During the year, 16 girls under the age of 16 years were referred to the Welfare Officer, 15 of them in the ante-natal period and 1 in the post-natal period.

*Mother and baby home, "Knowle House," Handforth*

The hostel is provided by the Health Committee and has accommodation for 22 mothers and 16 babies.

The Warden (who is a State Registered Nurse and Certified Midwife) and staff give instructions to the mothers in child care and housecraft.

A physiotherapist holds a session once a week for the purpose of giving to mothers ante-natal and post-natal exercises.

The Welfare Officer arranges for the admission of mothers and babies, accompanies them to the hostel and is responsible for making suitable arrangements for them on their discharge.

The following table shows the admissions and discharges during the year

	Carried forward from 1959	Admissions	Discharges	Number in Home at the end of the year
Babies .. .. .	9	83	86	6
Mothers .. .. .	7	71	74	4
Expectant mothers .. .. .	1	51	49	3
Recuperating mothers .. .. .	2	16	17	1

The following particulars show the arrangements for the care of the 86 babies discharged:—

Babies remaining with mothers:—

to homes of relations .. .. .	16
to lodgings or furnished rooms.. .. .	12
to other Homes for mothers and babies .. .. .	1

Babies apart from mothers:—

to homes of adopters .. .. .	39
to private residential nurseries .. .. .	2
to the care of the Children's Committee .. .. .	3
to hospital .. .. .	1

Babies with recuperating mothers .. .. . 12

The Home is also used for providing recuperative holidays. Six married women with legitimate pregnancies and 10 married women with legitimate babies up to the age of six months were admitted.

In its pleasant situation in the Cheshire countryside it is eminently suitable for this purpose.

### Recuperative Centre

Brentwood is situated in a delightful part of Cheshire which in itself must be a tonic to the mothers and children who come here so often from dreary and depressing districts. It is one of five such centres in this country though it was the first established, and families are referred here from a wide area.

The Centre is run by the Community Council of Lancashire and the Health Committee bears the cost of maintenance of families recommended by the Medical Officer of Health, provision for which is made in the City Council's scheme for prevention of illness, care and after-care, under Section 28 of the National Health Service Act, 1946.

The nine families admitted this year from Manchester are typical of those needing this type of help in that there is no sudden deterioration in home circumstances but a gradual build-up of difficulties which the personality or training of the parents is inadequate to meet. Sometimes the difficulty is mainly financial and almost always this is one element in the situation, or if finance is adequate, management is not.

Early marriage is sometimes a factor, repeated pregnancies exhausting both the physical and mental endurance of the mother. Sometimes the father has sought refuge and solace in drink, bringing its inevitable trail of problems. Bad housing is another factor which not only leads up to the breakdown but also counts for a large proportion of the so called "failures"; very often if a family could be re-housed on return from Brentwood, benefit from the training received would be maintained. It is sometimes possible for the health visitor to persuade the father to do some decorating in his wife's absence, or at least to clean up the home, and other agencies such as the Family Service Unit or Home helps are occasionally called in to help at this stage.

Very often the mental calibre of the parents is low, although one mother admitted this year had been educated at a grammar school. Frequently their own home background was poor so that there has been neither training in domestic management nor any example given by which standards could be set.



At Brentwood there is a nursery where the mothers can learn child care from the trained staff and where the children are minded while training is given to the mothers in general domestic care and management, largely by the staff working with them rather than instructing from a distance. Cookery classes are informal and frequently stimulated by appreciative comment on a dish at mealtime. There are mending and sewing classes and the mothers are encouraged to take an interest in their appearance; this is fostered by a weekly "social" and sometimes the transformation is quite astonishing over the period of 4 to 6 weeks for which the mother is at Brentwood. This aspect is fundamental as few women will maintain a home in anything like reasonable order if they have no self respect.

When the family returns home the health visitor keeps a close watch to enable the progress made to be maintained. Very often encouragement is the main need, as insecurity and lack of confidence are never far away, particularly where support from the husband is poor as is frequently the case. Spectacular results are rare and this unobtrusive but time-consuming work of the health visitor is absolutely invaluable.

It is true to say that all who go to Brentwood benefit from their stay since there is always an element of undernourishment in those admitted, and probably about 50 per cent show lasting improvement apart from their health. Only a relatively small proportion are real failures and the rest require constant support and sometimes a return visit to Brentwood.

Twenty progress reports have been examined of families who were admitted to Brentwood in 1958 and 1959, 10 from each year. Although the standard was not high, progress had been maintained in 60 to 70 per cent of families; about 10 per cent had failed again and 20-30 per cent showed some improvement on conditions before admission to Brentwood.

The details of the nine families admitted during 1960 are given below:

<i>Mothers between 22 and 37 years</i>	<i>Mothers over 37 years</i>	<i>Children 0-1 year</i>	<i>Children 1-7 years</i>	<i>Children over 7 years</i>
6	3	7	15	Nil

The periods of residence were:—

<i>6 weeks</i>	<i>5 weeks</i>	<i>4 weeks</i>	<i>3 weeks</i>	<i>1 week</i>
3	1	3	1	1 (left of own accord)

# DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

(Principal School Dental Officer—G. L. Lindley, L.D.S.,

Didsbury Maternity and Child Welfare Clinic containing a well-equipped dental Suite was opened during the year, bringing the number of school and maternity clinics providing dental treatment to sixteen. Also, building started on the two new clinics urgently required on the north side of the city and they could be ready for use during 1961.

Treatment was undertaken by school dental officers. General anaesthetics are given by general practitioners and trained nurses were available at all times. Adequate staffing of all clinics has remained difficult. At times it was not always possible at some clinics to inspect and treat promptly, cases referred by medical officers. However by the end of the year all outstanding cases had received treatment.

The Dental Laboratory at Shakespeare Street Clinic maintained a high standard of mechanical dentistry. One technician working full time for the Health Committee was joined by an additional technician working three quarters of his time for the Health Committee.

Towards the end of the year, a Dental Hygienist, working one quarter of time for the Health Committee, joined the staff. She was one of five trained on the first course at the Manchester Dental School: training of dental hygienists at the Eastman Dental Hospital ceased in 1954. For the third time, a start has been made in rebuilding this side of the service. A chairside assistant seconded to the second course at the Manchester Dental School for Dental Hygienists.

In 1948, 1953 and 1958 Manchester was one of the seven local authorities operating in Ministry of Education Surveys of the incidence of dental decay in five year old and twelve year old children. The findings of these Surveys indicate the deplorable state of the teeth of five year old entrants to school, averaging, by the 1958 Survey, almost six decayed, missing, or filled teeth per child. Ample experimental evidence exists to show that the artificial fluoridation of water supplies at levels up to 1 part per million shows a 50 per cent reduction in incidence of caries, without hazard to the population. In a comprehensive report on dental caries, the principal school dental officer recommended the introduction of fluoridation of Manchester domestic water supply in accordance with the findings of the Ministry of Health current investigation.

Work done during the year, in the main, followed the pattern of previous years, viz. extractions for relief of pain and elimination of sepsis and provision of dentures in the case of mothers. There has been some increase in conservative dentistry for both mothers and children.

The tables attached give details of the year's work.

(a) Number provided with dental care

	Number referred from child welfare centre	Number examined	Number needing treatment	Number treated	Number made dentally fit	Number of treatments given	Number of appointments not kept
Mothers and nursing children .. .. .	802	652	591	582	412	2,171	628
School children .. .. .	892	863	859	856	712	1,641	382

(b) Forms of dental treatment provided

	Scalings and gum treat- ment	Fillings	Silver nitrate treat- ment	Crowns or inlays	Extrac- tions	Anaesthetics		Dentures		Radio- graphs	Other opera- tion
						Local	General	Full upper or lower	Partial upper or lower		
Expectant and nursing mothers.. . . .	127	526	3	3	2,047	218	271	358	118	50	1,90
Pre-school children .. .	—	624	591	—	1,125	15	495	—	—	4	6

**Dental Hygienist**

Number referred .. .	19	Number of instructions in Oral	
Number of visits to clinic ..	27	Hygiene .. . . .	27
Number of treatments .. .	27	Number of cases completed..	15

**Mechanical Dentistry**

Dentures completed .. .	476	Cases reset for retry .. .	47
Dentures relined .. .	15	Crowns .. . . .	3
Dentures repaired .. .	4	Special trays .. . . .	104
Metal dentures .. .	3	Bites .. . . .	434
Models cast .. . . .	582		

**HEALTH VISITING**

The scope of health visiting has continued to expand and in addition to the routine visits to all babies on the eleventh day after birth, the health visitors have carried out a urine test on every baby in the City at the age of six weeks. This test for phenylketonuria has been introduced in order to detect a rare condition which if not dealt with immediately, may result in very severe mental deficiency. The test is usually done in the clinic but if the mother does not attend a special visit has to be made to the home to ensure that the test is carried out.

There have again been many problem families demanding the usual enormous outlay of effort on the part of the health visitors in dealing with the peculiar difficulties which always seem to surround these families. The assistance of field workers in other branches of social work was repeatedly called for and their co-operation was most gratifying.

The care of the aged and infirm, the numbers of whom increase year by year has continued and the amount of time involved in dealing with the specialized problems has frequently brought strain upon the health visiting staff. They require the assistance of the Health Department most particularly during the winter months, which is also the time when there is sickness among the staff and when health visitors are more urgently needed for visiting babies and children.

Commencing in April, the health visitors undertook responsibilities concerned with the Health Committee's arrangements for the establishment of a Chiropody Service. The immediate consequence was the re-assessment of all existing cases on the domiciliary chiropody register and health visitors paid more than 1,000 visits in connection with this work. New applicants for home chiropody were also visited by the staff and the position assessed. Full details of this service are given under a separate heading.

In May it was decided to integrate the tuberculosis health visiting with the general duties of the district health visitor. The reorganization is being effected gradually and will be completed about the middle of 1961.



The department took part in the Medical Research Council trial of Sabin vaccine for the prevention of poliomyelitis and this was given to babies from 51 families. The health visitors provided the propaganda and health education that was essential in order to obtain the co-operation of these families during the period of the trial.

Health education which is an essential feature of health visiting was given to individuals at home, to groups of expectant mothers in the maternity and child welfare centres and to groups at various clubs. Two special campaigns dealing with the prevention of domestic accidents were undertaken and details of these are given elsewhere in this report.

Staff meetings are held monthly to enable health visitors to discuss various aspects of their work, meet their colleagues and, from time to time, have the opportunity of hearing talks on topics of current interest, sometimes from members of the staff in different sections of the Health Department and occasionally from medical or social workers outside the Corporation. There are other opportunities when staff are able to see films on subjects relevant to their work.

### Consultations at child welfare centres

Mothers very often go to a clinic in order to discuss their problems with a health visitor. In 1960 it was decided that the number of occasions on which this took place should be noted, and it was interesting to find that nearly 2,400 such consultations took place during the year. This indicated how useful the centres are and how much their work is appreciated by the public.

### Prevention of break-up of families (Circular 27/54)

The Co-ordinating Committee met on twelve occasions and forty-six families known to the health visitors were brought to the notice of the committee for consideration. Of these twenty-one were new cases and twenty-five were carried forward from previous years. These numbers show an increase over 1959 of nine new cases and this may be the result of a growing awareness among social workers of the need for early discussion of problems. These families with their many problems are the special concern of health visitors who attend the conferences to present their reports on the families under discussion.

By courtesy of the Chairman of the Committee a number of student health visitors continued to sit in as observers at each conference to enable them to gain experience and an insight of what their responsibilities will be when they become qualified health visitors.

A most important function of the conference is to ensure co-operation between the social workers of various statutory and voluntary organizations in order that the families may receive the maximum amount of help and advice without too many people visiting the home; families are reviewed at intervals varying from one to six months in order that their needs may be assessed and adjustments made when necessary.

The parents are often well aware of their own incompetence, but a great deal of tact and understanding of their problems is necessary to gain their confidence. This work is time-consuming but is essential if lasting benefit is to be derived from any form of rehabilitation.

Problems often arise through the inability of the parents to accept the responsibilities of making a home and caring for their children. The husband may suffer from ill health or be frequently unemployed or, if employed, fail to provide for the essential needs of the family. The wife is often a poor manager or may not be fit physically or mentally to cope with the demands of a home and children. Constant supervision and encouragement are necessary if the family is to be kept together and a reasonable standard of living obtained.

Admission of the mother and young children to the Brentwood Rehabilitation Centre at Marple, Cheshire, is arranged for a few weeks if it is thought the mother will benefit from a stay in a residential centre. Here she receives instruction and advice on all aspects of home making and child care. As the centre is situated in pleasant country surroundings the health of the whole family often improves and it may be the first holiday away from home the mother has had for many years.

To relieve an over-burdened mother a home help may be provided or the children may be admitted to a day nursery and a period of convalescence can be arranged for children if needed.

Voluntary organizations give a great deal of help in various ways but whichever social workers are drawn in to help the family, co-operation is essential between all concerned.

The following case history is illustrative of the benefits resulting from the work of the Co-ordinating Committee:—

A family which consisted of father, mother and six children was referred to the Co-ordinating Committee for consideration at a case conference in February, 1957. They had twice been evicted from previous accommodation for non-payment of rent and were now living in a Corporation house. The condition of the house was indescribably dirty and the standard of child care was very poor.

The father was very irresponsible and was frequently unemployed. The family income was derived mainly from National Assistance benefit, plus family allowances. The mother was often in ill health and was completely unable to manage on the small allowance she received from her husband. The children were all poorly clad and under-nourished. Several of them had been admitted to hospital for treatment of various conditions.

The family required intensive visiting. A great deal of encouragement and persuasion was needed to effect even the slightest improvement. The N.S.P.C.C., W.V.S. and church organizations all co-operated to provide essential furniture, bedding, clothing and a sum of money to help pay arrears of rent, gas and electricity. The children at school were provided with free school meals.

During the next two years a slight but continuous improvement was noted, although father spent one period in prison. It was decided that the mother and younger children would benefit from a stay at the Brentwood Rehabilitation Centre where they spent six weeks and all benefited from the change of surroundings and regular routine. Mother received instruction in home making and all aspects of child care, in a friendly, happy atmosphere. The older children were received into the care of the Children's Department.

Following his wife's return home father made some effort to help improve conditions and voluntary workers decorated the living room

The mother's health improved, the children were better nourished, cleaner and adequately clothed. This improvement was maintained and the Co-ordinating Committee decided to close the case in June, 1960. The health visitor will continue to visit the family to give any necessary help and advice.

## Child guidance

In 1959 and 1960 groups of health visitors attended courses of instruction at the child guidance clinic run by the Education Department. There were also periods of discussion with the psychiatrist and the psychologists; the health visitors found the whole course very interesting and the knowledge gained has been most helpful to them in their work.

During 1960 the medical officers of the child welfare centres and two administrative medical officers attended a course of 12 lectures given by Dr. Collopy, child psychiatrist at Booth Hall Hospital. The lectures covered the field of child development, and divergences from the norm were dealt with both in formal lectures and in discussion afterwards.

It was particularly interesting to note the different approach to problems adopted by the hospital psychiatrist and those working in the preventive field, and quite apart from the knowledge gained, the exchange of views and mutual re-assessment of the situation was immensely valuable.

Ward rounds were arranged for the medical officers and a very cordial relationship was established with the Hospital staff, which enables contact to be made on a personal basis when problems arise in the maternity and child welfare clinics.

## Notification of births, 1960

The total number of notifications adjusted by transfer was 13,136, comprising 12,798 live births and 338 still-births.

Total registered births numbered 12,922, and of these 1,214 were illegitimate.

## Prevention of accidents in the home

The health visitors keep home accident prevention high on the list of subjects for discussion during home visitation. It is also frequently made the subject of talks in the clinics and to groups of people in guilds and old people's clubs. The group talks are illustrated with visual aids and posters.

The individual talk in the home more often centres on one point such as efficient fireguard, how to place pans on the cooking stove, how to prevent toddlers from injuring themselves and others by keeping knives and other similar articles out of reach.

After consultation with members of the medical staff in one of the children's hospitals two special campaigns were undertaken. The first dealt with the dangers of placing mirrors above fireplaces, so often the cause of fatalities, especially in girls whose clothing easily catches fire. The health visitors, along with the midwives, district nurses and home helps, were asked to make a special point of indicating the obvious hazards, particularly if the fire is not guarded, whenever they went into a home with a mirror over a fireplace.



The second campaign, although not strictly confined to home accidents, may properly be mentioned here: it was designed to promote care in the use of fireworks. Every year in the firework and bonfire season a great number of casualties, many resulting in the loss of an eye or in permanent disfigurement, are brought to the burns units of our local hospitals. With the co-operation of the Chief Education Officer all head teachers in the City's schools were asked to impress on their pupils the hazards involved, and copies of a letter on the subject were given to all school children to take home to their parents. In addition, posters prepared by the health visitors were exhibited in the maternity and child welfare centres where group talks on the subject were given to mothers. Some of the posters drawn by the health visitors were displayed prominently in the Town Hall. Day nursery staff prepared similar posters for display in the nurseries. All visiting staffs were requested to further the objects of the campaign during the course of their domiciliary visits.

Though it is difficult to assess with accuracy the measure of their success these campaigns will have been well worth while if only one child has been saved from serious injury or death.

### Screening tests of hearing in babies and young children

The two new child welfare centres at Didsbury and Moss Side were equipped for this work, increasing the total of such centres available to six. After special training all health visitors carry out routine testing of babies from the age of 7-8 months. These first simple tests can be done in the homes or in the child welfare centres, and if there is any doubt as to the child's acuity further tests can be done in the six special centres. Should these not be satisfactory the child is referred to the Department of Education of the Deaf in Manchester University and the child's own doctor is notified.

The Woodhouse Park and Chorlton-on-Medlock centres are used on occasion by the Director of the Department of Education of the Deaf in connection with training courses arranged for medical officers, health visitors, and audiology students. Staff at the centres assist on these occasions.

Twelve Manchester health visitors received a two day course of training by Professor Ewing's staff in 1960 and all obtained a certificate of proficiency. We are fortunate in having these facilities made available to us through the Director and are most appreciative of this assistance in such an important aspect of preventive medicine.

#### *Woodhouse Park child welfare centre*

Number of sessions	48
„ „ children referred	328 (394 tests)
„ „ „ who passed test	321
„ „ „ referred to University	7

The results of the 7 cases referred to the University were as follows:—

- (1.) Hearing loss. May need hearing aid both ears. Referred to E.N. consultant.
- (2.) Acuity within normal limits.
- (3.) N.A.D.
- (4.) No severe loss of acuity. Medical supervision recommended after full audiometric test. Referred to Local Education Authority.

- (5.) Poorer response on the right side which may be due to poor head control making it difficult for the child to turn to locate sounds (mentally retarded child). Further tests recommended. Supervision at Booth Hall Hospital.
- (6.) Marked air-bone gap which if not reduced could considerably handicap the child in school. Favourable position in class advised. Referred to Local Education Authority and E.N.T. Consultant.
- (7.) Acuity within normal limits. Environment responsible for failure to use speech in communication. Referred to Child Guidance Clinic.

*Thorlton-on-Medlock child welfare centre*

Number of sessions	39
„ „ children referred	191 (247 tests)
„ „ „ who passed first time	110
„ „ „ when retested	16
„ referred to University	9
Result not yet available (to be re-tested)	56

The results of the 9 cases referred to the University were as follows:—

1 removed from Manchester before tested.

5 passed, i.e.—

- (1.) No comment.
- (2.) Sufficient hearing to acquire speech.
- (3.) No loss of acuity. Ear drums red. Indication of middle ear infection.
- (4.) Delayed speech development not due to deafness.
- (5.) Passed but it was thought child may be mentally backward.

3 failed.

- (1.) Conductive loss. Otologist recommended.
- (2.) Ear infection. On list Duchess of York Hospital re nasopharyngeal condition.
- (3.) Marked air-bone gap. Refer to otologist.

During training courses for medical officers two sessions were held in the Thorlton-on-Medlock centre, involving the testing of 24 children. Four practice sessions for audiology students were also held, involving the testing of 33 children.

Some of the health visiting staff including the superintendent of the Thorlton-on-Medlock centre have special knowledge and skill in this part of the work and each year a certain number of homes are visited in order to give guidance to parents of deaf children under the age of 5 years. This work is carried out under the supervision of the Director and his staff,

### *Collyhurst child welfare centre*

Number of sessions	46
„ „ children tested	210
„ „ „ passed	195

Of the 15 who failed—

7 passed on re-testing.

1 passed on a third test after having tonsillectomy performed.

1 failed to attend for re-test and is now five years of age and attending school. Reported to be satisfactory by mother.

2 still to be re-tested.

4 were referred to the University (Department of Education of the Deaf).

The results of the 4 cases referred to the University were as follows:—

(1.) Child aged 3 years: severely deaf, given a hearing aid. Help with home guidance given and placed on the list for the deaf school.

(2.) Child aged 1 year 8 months, partially deaf, given a hearing aid and assistance with home training.

(3.) Child aged 2 years: diagnosis—not deaf but a problem of perception. Attention very difficult to hold. Is not always aware of his environment.

(4.) Child aged 2 years 8 months has not kept second appointment. A further appointment will be given.

### *Ardwick child welfare centre*

291 children tested from 6th January to 28th December.

193 children were from the Ardwick area.

98 children were from the surrounding areas.

280 passed the first test.

11 were re-tested: of these—

10 were found to be satisfactory.

1 child was referred to the Department of Education of the Deaf for further testing and deafness was confirmed.

### *Didsbury child welfare centre*

Number of sessions held	20
„ „ children referred	152
„ „ „ who passed test	152
„ „ „ referred to the University	None

### *Moss Side child welfare centre*

Number of sessions	13
„ „ children referred	80 (90 tests)
„ „ „ who passed the test	71
„ referred to University	1
Result not yet available (to be re-tested).	8



## Liaison with hospitals and general practitioners

The excellent and long standing liaison arrangements with the local hospitals and general practitioners continued. A health visitor is attached to each of the following hospitals and clinics:—

St. Mary's Hospital (Department of Child Health)

Booth Hall Hospital for babies and children

Duchess of York Hospital for babies

St. Lukes Clinic (V.D. contact tracing)

Manchester Royal Infirmary (Diabetic clinic)

In addition three health visitors with districts on the south side of Manchester attend at Baguley Hospital each week to meet the chest consultant, almoner and other staff to discuss their work and one health visitor attends daily at the Manchester Chest Clinic for liaison purposes. Health visitors who work in the area surrounding Wythenshawe Hospital attend on a rota once weekly in the out-patient department to hold discussions with the paediatrician and almoner.

Patients are very frequently referred to the department by geriatricians who may request a variety of domiciliary services. The health visitor is usually sent to the home to assess the need and ensure that the conditions are suitable for the reception of the patient.

The liaison with the diabetic clinic in Manchester Royal Infirmary ensures the visiting of a certain number of new patients each week as well as follow up of patients already under supervision.

General practitioners are making rather more requests than formerly for health visitors to supervise infant feeding problems, which tends to reduce the number of children having to be sent to out-patient departments of hospitals.

From time to time hospital almoners make enquiries about the possibility of convalescence for young children after discharge home and this is sometimes arranged where the health visitor's report shows an unfavourable home background.

The close follow up by health visitors in all cases referred to the department enables children to be discharged earlier if home circumstances are suitable.

At the three children's hospitals the procedures (outlined below) are slightly different in each case but the aim is the same.

### *St. Mary's Hospital (Department of Child Health)*

In the clinic the health visitor deals mainly with social problems and feeding difficulties in babies; home visits are paid where the paediatrician decides these are necessary, and reports on these visits are submitted to him.

507 follow-up visits were paid. The main reasons were as follows:—

1. Feeding problems.
2. Premature infants.
3. Follow-up of children who have been in-patients in the Hospital.
4. Clinic defaulters.
5. Contacts of tuberculosis with regard to B.C.G. vaccination.
6. Follow-up of expectant mothers who defaulted from the ante-natal clinic.
7. Visits to certain problem families.

Two senior medical students are taken on home visits each week.

Close contact is maintained with the area health visitor, the general practitioners and the almoners.

The liaison health visitor of this Hospital was invited by the Principal Tutor of the Manchester Royal Infirmary to lead a group discussion with student nurses during their training, the subject for discussion being chosen by the Tutor.

#### *Booth Hall Hospital for babies and children*

The liaison health visitor is present in the wards on three mornings weekly. Her work concerns the age group 0-5 years, although requests made by the medical staff concerning older children in other wards are also brought to her notice.

Her main duties are to assist the medical and nursing staffs in every way possible by passing on knowledge of their patients' home background. Many factors enter into the causation of a child's illness and knowledge of parents and home conditions is valuable.

The health visitor also assists:—

1. in tracing the source of an infection;
2. by making enquiries when children are not collected by their parents when the time comes for them to be discharged home ;
3. by investigating cases of burns and scalds, or suspected neglect or ill-treatment;
4. by following up after discharge babies who have suffered from faulty management of feeding.

The liaison health visitor does her work in close co-operation with the area health visitors, the almoner and various organizations.

#### *Duchess of York Hospital for babies*

The liaison health visitor does a full ward round once weekly, where a list is made of families who need investigation and the area health visitors are contacted for discussion. Any relevant information is then passed to the physician concerned, and the child's illness is studied with fresh knowledge.

A similar system operates for children seen in the out-patients section. Here there are discussions with the out-patients' registrar and the sister-in-charge.

The area health visitors frequently contact the liaison health visitor to discuss the home conditions of one of their children who has become an in-patient; they also request information as to diagnosis and the progress of the children and when they are likely to return home so that they are then able to follow-up immediately on the discharge of the patients.

#### *Diabetic clinic, Manchester Royal Infirmary*

The health visitor undertakes both clinic duties and home visiting, her main preoccupation being with health education. In the clinic she helps patients referred to her by the doctor; usually these are newly diagnosed patients or those for whom there is a change in diet or treatment.

The consultant decides which patients are to have follow-up visits in their own homes by the health visitor who afterwards reports back to him ; 15 such visits were made in 1960.

Types of patient seen at home :—

1. The elderly man or woman. In these cases the health visitor will advise on diet, etc., and also investigate home conditions and decide if the old person needs constant help and supervision. The area health visitor sometimes visits also if the patient is aged and infirm.
2. The diabetic patients unwilling to give up cakes and sweets in their diet. The health visitor has to visit this group constantly until they eventually come to accept what is inevitable.
3. The wives of young male patients are visited to explain the necessity for diet and the avoidance of diabetic complications.

The principal subjects discussed in the clinic and during home visits are:—

1. Technique of giving injections for patients who give their own insulin, care of syringe and needles, correct measurement of insulin.
2. Urine testing and results.
3. How to recognise and prevent complications.
4. Budgeting. This is particularly important with elderly patients and the National Assistance Board are called on to assist where necessary.

#### *Lukes Clinic*

Here the health visitor's duties consist of social work and tracing contacts cases of venereal disease attending the clinics (see "Venereal Diseases," page 164).

#### *ictures and practical experience*

The hospitals were assisted in the training of their student nurses. Health visitors lectured to 243 student nurses (in 10 groups) on "The Social Aspects of Disease" and to 251 student nurses (in 14 groups) on "The Work of the Public Health Nurse"; moreover, 209 student nurses gained practical experience by making home visits on the district with the health visitors and 106 student nurses paid visits of observation to infant clinics at the maternity and child welfare centres, discussions with the staff being held in the centres after the visits.

#### *Co-operation with voluntary organizations*

The health visitors have received great assistance in their work during the year from many voluntary organizations. The voluntary spirit is strong in the city and many people are giving time and energy in supplementing the statutory services. Help is given with problem families who may be in danger of eviction through debts, who have had electricity or gas cut off for non-payment of accounts, or who require intensive visiting to try to teach them household management. Gifts of clothing, beds and bedding, prams and cots have proved invaluable.

The inspectors of the National Society for the Prevention of Cruelty to Children deserve special mention for their unfailing co-operation with the health visitors throughout the year.

#### *Co-operation with the School Health Service.*

The infant record for every child reaching school age and known on the first visit of the health visitor to be suffering from a medical defect, or to have an unsatisfactory family history or unsatisfactory home conditions, is sent to the School Health Service.



A total of 724 such records were forwarded during 1960, classified as follows:—

Unsatisfactory condition in the health of the child .. ..	495
Unsatisfactory condition in the family either of health or of home conditions .. .. .	25
History of tuberculosis in child .. .. .	7
History of tuberculosis in family .. .. .	189
History of rheumatism in child .. .. .	3
History of rheumatism in family .. .. .	5
	<hr/>
	724

#### Children with physical or mental defect

1. Total number of defective children 0-5 years on the register at 31st December, 1960 .. .. .	957
2. Number of those born during 1960 .. .. .	142
3. Number of deaths during 1960 .. .. .	93
4. Number who recovered during 1960 .. .. .	35
5. Number who removed out of Manchester during 1960 .. .. .	68

Included in the numbers quoted above are 243 children referred to the School Health Service in accordance with Section 34 of the Education Act, 1944.

#### Welfare of women and children on canal boats

The boats tie up for only short periods and frequently they move on after a few hours.

The health visitor made several visits to the docks and on three occasions was able to see a family. There were 7 children under the age of five in these three families; all the children were clean and appeared well. Advice was given to the parents with regard to immunization for the children and the health visitor also advised one of the mothers who was partially deaf to seek medical attention.

A friendly reception was given on each occasion.

#### Care of aged and infirm persons and the sick

In 1960 the number of new patients referred to the Department increased to 1,060 and the number of visits paid by health visitors to these new cases and to the 1,246 carried forward from 1959, amounted to 11,172.

Many of these visits are very lengthy but the service is greatly appreciated by the old people.

#### Aged and infirm persons dealt with by health visitors 1948—1960

Year	Brought forward from previous year	Number of new patients	Total number of patients	Number of visits paid
1948 .. ..	—	14	14	123
1949 .. ..	8	279	287	680
1950 .. ..	51	469	520	1,592
1951 .. ..	172	701	873	2,738
1952 .. ..	336	722	1,058	3,211
1953 .. ..	521	945	1,466	5,302
1954 .. ..	593	985	1,578	6,449
1955 .. ..	756	975	1,731	6,333
1956 .. ..	885	965	1,850	7,887
1957 .. ..	1,031	841	1,872	7,488
1958 .. ..	1,061	890	1,951	8,787
1959 .. ..	1,124	961	2,085	9,792
1960 .. ..	1,246	1,060	2,306	11,172

Details given below show the action taken to deal with aged and infirm persons with the comparable figures for 1959:—

	1959	1960
Voluntary admissions to hospital—		
Crumpsall .. .. .	110	118
Withington .. .. .	174	156
Manchester Royal Infirmary .. .. .	25	23
Monsall .. .. .	14	7
Baguley .. .. .	—	4
Ancoats .. .. .	4	4
Hope .. .. .	1	1
Wythenshawe .. .. .	7	6
Jewish .. .. .	2	2
Barnes .. .. .	—	1
Christie .. .. .	—	1
Cheadle Royal .. .. .	—	1
Wrightington .. .. .	—	1
Northern .. .. .	2	3
Royal Bath Hospital, Harrogate .. .. .	1	—
Park Hospital, Davyhulme .. .. .	1	1
Sandbach Hospital .. .. .	1	—
Langho Colony .. .. .	1	—
Salford Royal .. .. .	1	—
Dumfries Infirmary .. .. .	1	—
Devonshire Hospital .. .. .	1	—
Stepping Hill .. .. .	1	1
Boundary Park, Oldham .. .. .	—	1
Ministry of Pensions Hospital .. .. .	—	1
Altrincham General .. .. .	—	1
Burnley .. .. .	—	1
Admitted to nursing homes:—		
Little Sisters of the Poor .. .. .	6	5
Jewish Home for the Aged .. .. .	4	2
Salvation Army Hostel .. .. .	2	—
Private nursing homes .. .. .	6	12
Broughton House, Kersal .. .. .	—	1
Philip Godlee Home .. .. .	—	1
Transferred to—		
Mental Health Section .. .. .	16	16
Welfare Services Department .. .. .	80	105
Sanitary Services Division .. .. .	—	—
Tuberculosis Section .. .. .	—	1
Blind Aid Society .. .. .	1	1
Died at home .. .. .	207	197
Moved to care of relatives .. .. .	24	20
Unable to trace .. .. .	17	5
Moved outside Manchester area .. .. .	20	16
Recovered, nursed at home .. .. .	4	—
Compulsory removals .. .. .	26	14
Discharged, no further action necessary .. .. .	79	45
Killed in road accident .. .. .	—	1
Carried forward to 1st January, 1959, and 1st January, 1960 .. .. .	1,246	1,530
Total number of cases dealt with .. .. .	2,085	2,306
Total number of visits paid in 1959 and 1960 .. .. .	9,792	11,172

Requests for service to the aged and infirm persons came from many and varied sources, as the following list shows:—

Referred by	Number
Anonymous letter .. .. .	2
British Red Cross Society .. .. .	1
Children's Department .. .. .	1
Clergy .. .. .	7
Council of Social Service .. .. .	14
Cripples Help Society .. .. .	1
Electricity Department .. .. .	1
Family Welfare Service .. .. .	3
General practitioners .. .. .	138
G.P.O. .. .. .	2
Health visitors, midwives, district nurses and home helps .. .. .	157
Hospitals .. .. .	291
Insurance agent (visiting house) .. .. .	1
Jewish Welfare Society .. .. .	3
Member of Parliament .. .. .	1
Members of the City Council .. .. .	30
Mental Health section .. .. .	11
National Assistance Board officials .. .. .	22
Neighbours and relatives .. .. .	103
N.S.P.C.C. .. .. .	1
Personnel officer, B.E.A. .. .. .	1
Rates Department .. .. .	2
Salvation Army .. .. .	1
Sanitary Section (including Housing Survey) .. .. .	18
Self referred .. .. .	19
Superintendent of flats .. .. .	6
Welfare Services Department .. .. .	216
Women's Voluntary Services .. .. .	6
Works welfare officer .. .. .	1
Total	1,060

Many of the hospitals ask for home supervision of patients recently discharged and considered fit to continue living in their own homes. The health visitors attempt to maintain the old people in a reasonably happy condition at home, often requesting the help of other domiciliary services. The most difficult cases are those old people living alone and suffering from loneliness.

The statutory organizations concerned are always contacted as a matter of course, and the voluntary organizations are most helpful in many ways.

Sometimes removal to a hospital or welfare services home is considered necessary. Much time is spent in trying to persuade old people to go away voluntarily when they can no longer obtain at home the care and attention necessary for their welfare.

When everything else fails special provision is made under Section 47 of the National Assistance Act, 1948, for securing the removal of persons who (a) are suffering from grave chronic disease or being aged, infirm or physically incapacitated, are living in insanitary conditions, and (b) are unable to devote to themselves and are not receiving from other persons proper care and attention.

Close liaison is maintained with all other branches of the public health service as well as relatives, friends and neighbours, as good team work is necessary for satisfactory results.

82 persons over the age of 70 years were sent to "Binswood" for recuperative holidays.



The following case histories give some indication of the work for the aged and the services by which they are helped; it is interesting to note that a strong voluntary spirit still exists in the City.

*“A,” aged 81 years*

Lives in one room in a lodging house. When first visited, Mr. “A” was thin, undernourished and dirty. He would not admit the health visitor and refused to have a doctor or accept any help. After several visits access was gained. The room was found to be in an appalling condition. Ashes were blown over the floor and the room was filled with old boxes, buckets and pails filled with dirty, foul-smelling water.

Frequent visits were paid by the health visitor who persuaded Mr. “A” to go to the Monsall Clinic for a bath, but for a time there was no improvement in the condition of his room, nor was he able to provide himself with proper clothes. Eventually Mr. “A” became hostile to all visitors. He still refused to accept any help but it was decided to send a home help and await the outcome. Mr. “A” is an intelligent person and mentally alert; he realised that if he continued to neglect himself action might have to be considered for his compulsory removal. The home help succeeded in effecting some improvement in his living conditions. He was persuaded to have a visit from his doctor, and gradually became more friendly to all visitors. He is now altogether a happier old gentleman, with his doctor visiting periodically and with private help in the house which he accepts as necessary. He has promised to contact the Housing Department should he require further help. The health visitor continues to pay occasional visits.

*“B,” aged 40 years*

Separated from husband. The family consisted of a son of 19 years who was away from home, sons 18, 13 and 12 years, and daughters 10 years and 8 years.

The house was ill equipped, uncared for and generally in a shocking condition. Repairs were required and the rent was apparently not being paid regularly. Mrs. “B” was acutely ill; she was dirty, her clothing was grubby, and she adamantly refused to go into hospital. She refused entrance to all visitors, including the general practitioner, health visitor, school nurse, and N.S.P.C.C. officer. The doctor had sent the ambulance on several occasions but the patient continually refused to go to hospital. Following repeated efforts of the health visitor and school nurse, and telephone contact with the doctor and N.S.P.C.C. officer, the health visitor requested that this patient should be ordered for compulsory removal to hospital.

The children of pre-school and school age were taken by the N.S.P.C.C. officer to relatives who were willing to care for them.

The health visitor has been to see this mother in hospital who now realises that with prolonged treatment she will be able to care for her family and carry out the household management. Her husband has been to see her in hospital and it now appears possible that a reconciliation will take place.

The health visitor found that Mrs. “B” was very disturbed about having been rehoused away from her family and friends, and the Housing Department are now arranging for a transfer to the district where she lived before.

Mr. "C," aged 80 years

Lives alone. House, person and bedding were found to be in a very dirty state. He resented all efforts on the part of the health visitor to introduce any of the services to help him. A neighbour therefore was prevailed upon to go in daily to light his fire and see to his food. He was a frail old gentleman whose doctor wanted him to go into hospital, but he would not do this as he did not wish to leave his home nor be parted from his dog.

About Christmas time the health visitor and a teacher friend with six senior school girls arrived at the house one morning and before the end of the day the house had been made habitable. The old gentleman was clean and was left in a clean bed and given a hot meal. The girls are to be congratulated on the way they tackled what seemed an impossible situation. Mr. "C" was very grateful and has appeared happier since then. He is now prepared to accept a home help.

At least 24 elderly people received parcels from the older pupils of their local school. The children delivered these parcels themselves after the names had been supplied by the health visitor of the area to the Headmistress. The pupils also brought parcels of clothing to the local child welfare centre and these were distributed amongst old people known to the health visitors.

Particulars of persons dealt with under Section 47 of the National Assistance Act, 1948, and (Amendment) Act, 1951

Action taken	New cases 1960	Cases brought forward from previous years	Totals
Settled in accommodation ; renewal of Court order not required .. .. .	4	6	10
Discharged home to care of relatives .. .. .	1	—	1
Died .. .. .	8	1	9
Court order still in force—carried forward to 1961 ..	1	—	1
Totals .. .. .	14	7	21

Sex	Age Years	Reason for Council's action	Period named in the order of the Court	Type of accommodation to which the person was removed	Result of Council's action	Other information of interest	Ultimate result
M.	30½	Physically incapacitated	3 weeks	Part III accommodation Newholme	Court order taken out 12th January, 1960	Right hemiplegia following head injury and brain operation due to being knocked down by motor cycle. Wife left patient 6th January, 1960, without money, food or fuel. No one else available to give care to patient and totally incapable of caring for himself. Refused admission to Part III accommodation.	Discharged to care of wife 2nd February, 1960
F.	83	Aged and infirm. Living in insanitary conditions	3 weeks	Part III accommodation, Newholme	Court order taken out 29th January, 1960	Very senile and undernourished. Husband admitted to hospital with fractured femur 26th December, 1959. Patient incapable of caring for herself; no one available to give care. Condition deteriorated rapidly. Refused to leave home.	Settled in Newholme 9th May, 1960
F.	84	Aged and infirm	3 weeks	Chronic sick bed, Northern Hospital	Court order taken out 5th February, 1960	Fell on electric radiator and sustained fairly extensive burns of the body. Two elderly sisters only available to give care. Surgeon expressed the opinion that patient would die in a very short time if not admitted to hospital. Refused to consider hospital admission.	Died in Wythenshawe Hospital 4th March, 1960
F.	80	Suffering from grave chronic disease	3 weeks	Chronic sick bed, Withington Hospital	Court order taken out 22nd February, 1960	Condition deteriorated rapidly. Found on floor 13th February, 1960, with fractured humerus. No one available to care for her. Refused to be admitted to hospital.	Died in Withington Hospital 24th February, 1960
M.	81	Aged and infirm and suffering from grave chronic disease	3 weeks	Chronic sick bed, Withington Hospital	Court order taken out 1st March, 1960	Extensive inflammation of both legs with suppurating areas. Lived alone. No one available to give care. Refused admission to hospital.	Settled in Withington Hospital 31st May, 1960



Sex	Age Years	Reason for Council's action	Period named in the order of the Court	Type of accommodation to which the person was removed	Result of Council's action	Other information of interest	Ultimate result
F.	781	Aged and infirm and suffering from grave chronic disease	3 weeks	Chronic sick bed, Withington Hospital	Court order taken out 12th April, 1960	Rapid deterioration of general condition. Very undernourished. Large septic ulcer left leg. Visited by Geriatric Consultant Withington Hospital 4th April, 1960, who considered that hospital treatment was necessary. Patient refused admission to hospital.	Court order to be renewed at appropriate date if still required.
F.	82	Aged and infirm and suffering from grave chronic disease	3 weeks	Chronic sick bed, Withington Hospital	Court order taken out 20th April, 1960	Lived alone. Diagnosis: advanced case of malnutrition. Neighbour unable to continue giving help. No other help available. Refused to go into hospital.	Died in Newholme 7th October, 1960
F.	76	Aged and infirm and suffering from grave chronic disease	3 weeks	Chronic sick bed, Withington Hospital	Court order taken out 2nd May, 1960	Bedfast, undernourished. Mentally confused. Had numerous cuts and bruises due to falling. Incontinent of urine. Neighbour who had been giving attention became ill. No one available to give care. Refused hospital admission.	Died in Withington Hospital 13th September, 1960
F.	87	Aged and infirm . . . .	3 weeks	Part III accommodation, Newholme	Court order taken out 12th May, 1960	Senile. Mentally confused and forgetful. Made no attempt to provide nourishment for herself or to handle her business affairs. Neighbours on whom patient had relied refused to help any longer. Refused Part III accommodation.	Died in Newholme 24th May, 1960
F.	83	Aged and infirm and suffering from grave chronic disease	3 weeks	Chronic sick bed, Withington Hospital	Court order taken out 20th May, 1960	Senile. Undernourished. Scalded area of leg deteriorating. Often refused to let district nurse dress leg. Refused meals on wheels and hospital admission. Unfit to live alone.	Settled in Withington Hospital 21st November, 1960
F.	71	Aged and infirm . . . .	3 weeks	Part III accommodation, Newholme	Court order taken out 15th June, 1960	Very senile, Confused. Wandered out day and night. Condition deteriorated rapidly. Required constant supervision. Relatives unable to give this. Unfit to live alone. Refused Part III accommodation.	Died in Newholme 13th July, 1960

Sex	Age Years	Reason for Council's action	Period named in the order of the Court	Type of accommodation to which the person was removed	Result of Council's action	Other information of interest	Ultimate result
F.	74	Aged and infirm and suffering from grave chronic disease	3 weeks	Chronic sick bed, Withington Hospital	Court order taken out 24th August, 1960	Very undernourished. Cardiac condition. Confused, found by doctor lying behind front door. Refused to go to relatives' homes or to go to hospital and refused all offers of help.	Died in Withington Hospital 21st October, 1960
F.	70	Aged and infirm and suffering from grave chronic disease	weeks	Chronic sick bed, Withington Hospital	Court order taken out 22nd September, 1960	Very severe cardiac condition. Very weak and frail. Fell each time she tried to get out of bed. Neighbours unable to continue giving constant attention. Refused hospital treatment.	Died in Withington Hospital 30th September, 1960
F.	80	Aged and infirm and suffering from grave chronic disease	weeks	Chronic sick bed, Withington Hospital	Court order taken out 8th November, 1960	Very undernourished. Bedfast. Refused to let home help prepare food. Neighbour who has been taking in meals is no longer able to do so. No other help available.	Settled in Withington Hospital 9th December, 1960

# MONSALL CLEANSING CLINIC

## Verminous conditions and scabies

### Persons treated for verminous conditions at Monsall Clinic

Year	Males (adult)	Females (adult)	School children	Children under 5	Total persons
1956 .. ..	262	112	474	11	859
1957 .. ..	330	98	486	8	922
1958 .. ..	472	105	408	22	1,007
1959 .. ..	438	85	562	25	1,110
1960 .. ..	402	91	457	24	974

### Scabies

The total number of cases treated at the clinic fell considerably although notifications from general practitioners and the School Health Service increased. Since it became necessary for a person to have a note from his or her doctor requesting treatment for scabies when attending the clinic, fewer people have applied voluntarily for treatment. The decrease may, however, prove to be general as scabies is variable in incidence.

The following table gives the source and number of notifications received during 1960 and for the preceding four years.

### Sources of notification of scabies

	1956	1957	1958	1959	1960
School Health Service .. .. .	128	85	137	113	120
Hospitals .. .. .	31	53	42	73	27
General practitioners .. .. .	125	163	268	244	255
Centre medical officers .. .. .	—	—	—	1	—
Health visitors .. .. .	8	7	40	56	14
Applied voluntarily .. .. .	42	94	101	74	—
Discovered at Monsall .. .. .	3	—	—	—	—
Salvation Army .. .. .	4	8	2	2	—
Day nurseries .. .. .	—	—	1	4	—
Welfare Services Department .. .. .	—	4	—	1	—
Business houses .. .. .	—	1	1	3	—
Public health inspectors .. .. .	—	—	4	3	—
Other health authorities .. .. .	—	—	14	8	—
Totals .. .. .	341	415	610	582	44



The number of persons treated for scabies at Monsall Clinic is shown in following table:—

Treatment for scabies					
Year	Males (adult)	Females (adult)	School children	Children under 5	Total persons
1956 .. ..	123	142	119	70	454
1957 .. ..	104	118	82	67	371
1958 .. ..	122	169	189	102	582
1959 .. ..	97	130	164	105	496
1960 .. ..	68	101	92	60	321

The health visitors paid 92 visits to homes in which scabies occurred.

#### *Summary of work for aged and infirm persons carried out at Monsall Clinic*

75 persons were cleansed: of these 35 were verminous.

Referred for cleansing by:—

General practitioners .. .. .	7
Hospitals (request for cleansing of a patient listed for admission and known to be verminous) .. .. .	7
Welfare Services Department .. .. .	17
Health visitors .. .. .	24

Referred from hostels :—

Salvation Army Hostel .. .. .	12
Church Army hostel .. .. .	1
Corporation hostel .. .. .	1

Persons dealt with as compulsory removals to either Part III accommodation or to chronic sick beds in hospital, under Section 47 of the National Assistance Act, 1948 .. .. . 6

Total 75

Care is taken that persons referred for cleansing are treated according to their physical condition, i.e. ill patients are blanket bathed. All are given a cup of tea.

Although it is sometimes difficult to persuade an old person to go to the clinic for a bath even if accompanied there and back home, appreciation of the service is often expressed after the cleansing. The staff at Monsall Cleansing Clinic are to be congratulated on their tactful handling of many difficult old people.

#### *Visitors to Monsall Clinic*

112 visitors attended Monsall Clinic for the purpose of receiving information concerning the work carried out there. These included student nursery nurses, student health visitors and student public health officers.

## Post-graduate courses

Health visitors have attended courses as follows:—

Organization	Place	Title	Duration of course	Number of health visitors who attended
Royal College of Nursing.	London	Needs and resources in Health Education.	2 weeks	4
Women Public Health Officers' Association.	London	To live in health.	2 weeks	2
Department of Education of the Deaf. Manchester University	Manchester	Screening tests of hearing.	2 days	12
Royal College of Nursing.	London	The qualities of leadership	1 week	Principal Health Visitor Tutor.

16 health visitors attended a course of lectures by members of the Child Guidance Staff of Manchester School Health Service (See page 125).

The 22nd Annual Post Certificate Refresher Course arranged by the Health Department for health visitors, school nurses, tuberculosis visitors and other nurses engaged in public health work was held on 24th, 25th and 26th March in the Lesser Free Trade Hall, Manchester. The theme chosen was "The New Look in Public Health".

The speakers placed special emphasis upon the new responsibilities of public health nurses arising from recent legislation on mental health.

The course was well attended by many public health nurses in the north west area including members of the Manchester staff.

### Training course for health visitors

This interesting and intensive Course continues to flourish and expand, 45 students being enrolled for the present Course. It is organized by the Manchester College of Science and Technology in co-operation with Manchester Health Department.

A block system of training is in operation, (that is periods of practical work alternating with periods of theoretical study) and this method would appear to be satisfactory to all concerned. The study is undertaken at the College, the students enrolling as full members and having all the privileges and facilities of the College at their disposal. Modern equipment is available which enables a variety of methods of teaching to be used.

Practical work is undertaken in most of the departments of a local authority, the bulk of it in the Health Department and the field health visitors are responsible for the main part of the teaching. This is always very well done and much enjoyed by the students.

Many visits of observation are arranged, and a great deal of care is taken to ensure that the students receive the full benefit from them. The visits are always most interesting and informative and are of inestimable value to the students.

Of the students trained last year all are now qualified health visitors and appear to be enjoying the work. There are 20 Manchester sponsored students taking the present Course.

## NURSING HOMES REGISTRATION

(Public Health Act, 1936, Sections 187-195)

At the end of the year there were 10 nursing homes on the register, the same number as at the end of the previous year. 3 were registered for maternity patients; 1 for maternity, medical and surgical patients; 1 for medical cases only; 3 for medical and surgical cases and 2 for medical or chronic patients.

The names and addresses of the registered nursing homes are shown below:—

Doriscourt, 157, Upper Chorlton Road, Whalley Range.

Sandown, 55, Palatine Road, Withington.

Sunningdale, 291-5, Moss Lane East, Moss Side.

Egerton Lodge, 373, Wilmslow Road, Fallowfield.

Moss Bank, 34 Oak Road, Withington.

Langdale, 471, Altrincham Road, Wythenshawe.

Crossley Maternity Home and Hostel, 13-15, Mitchell Street, Ancoats.

Lorna Lodge, 133-5, Barlow Moor Road, Didsbury.

Wilton Lodge, 40, Palatine Road, Withington.

Brantingham, 17, Ladybarn Road, Fallowfield.

Exemptions under Section 192 of the Public Health Act, 1936, were granted for 1 year in respect of the following nursing homes:—

Manchester Jewish Homes for the Aged, Cheetham Hill Road.

St. Joseph's Hospital, Carlton Road, Whalley Range.

Philip Godlee Lodge, 842, Wilmslow Road, Didsbury.

Stoncroft Recovery Home, Parkfield Road, Didsbury.

St. Agnes House, 15, Mauldeth Road, Withington.

The Lourdes Hospital, St. Mary's Road, Moston.

## DAY NURSERIES

During the early years of the second World War, 30 day nurseries were set up throughout the City for the purpose of caring for children whose mothers were engaged on full-time war work. 27 of these nurseries containing 1,360 places have been retained and priority accommodation has been given to the children of unmarried mothers, widows or widowers, deserted parents, crippled or invalid parents and parents undergoing a long stay in hospital or involved in extreme financial difficulties. In suitable cases children have been granted places for varying periods and in many instances this help has been the means of keeping the family together.

Every endeavour has been made to work in close co-operation with the Children's Department, the National Society for the Prevention of Cruelty to Children, Hospital Almoners and other Social Workers and to admit all priority children immediately application has been made. The waiting list at the end of the year totalled 748 and included 531 children under two years of age and 217 over two years of age, all of whom were in the non-priority group.

The day nursery service has continued to help mothers by caring for their children for periods from half a day whilst a hospital or other essential appointment is kept, to several weeks or months in the case of confinement or sudden family emergency. One little girl, the seventh in a family of nine, has attended day nursery regularly throughout the year. She and her two younger sisters are cases of phenylketonuria. Through this help the mother has been able to take the babies to the hospital regularly and has had time to attend to the necessary special diets. The little girl, who has progressed physically during her stay in the nursery, will soon be five years old and will attend a special school.



Many children have been admitted to nurseries from homes where the mother was under a severe mental strain and in several instances great benefit has been derived by releasing these mothers from the daily task of trying to care for their children, and by making it possible for them to go out to work, so meeting fresh people and making outside contacts. The day nursery staff have endeavoured to give these children special love and attention and wherever possible brothers and sisters have been kept together in the same section of the nursery.

Physically handicapped, deaf and mentally backward children, have been admitted to the nurseries and where the number of such children has been kept low in any particular nursery, the staff have reported progress. In most instances the children have settled happily into the normal nursery routine and have been readily accepted by the other children.

Owing to rising maintenance costs the daily charge for children in the non-priority groups was raised in April from four shillings to six shillings. This increase had little effect on attendances.

Attendance of children in 1959

0—2 years	2—5 years	Total attendances— 248 days	Average daily attendance
86,116	217,151	303,267	1,223

Attendance of children in 1960

0—2 years	2—5 years	Total attendance— 249 days	Average daily attendance
82,525	219,745	302,270	1,214

In order to shorten the nursery day for some of the children an experiment was made in three nurseries. Opening hours were changed from 7-30 a.m. to 6-15 p.m. to 8-15 a.m. to 5-45 p.m. and with co-operation from mothers and industrial managements the experiment has proved a success; the children have benefited from a shorter day away from their homes and from the fact that the same staff are in attendance through most of the nursery day.

Medical Officers have continued to examine children prior to admission to the nurseries and 4,901 medical inspections have taken place. Diphtheria and whooping cough immunizations, poliomyelitis and smallpox vaccination have been offered to all children attending nurseries.

The incidence of infectious diseases was as follows (1959 figures are also shown for purpose of comparison):—

	Cases 1960	Cases 1959
Measles .. .. .	310	352
Whooping cough .. .. .	19	17
Scarlet fever .. .. .	17	20
Mumps .. .. .	92	156
Chicken pox .. .. .	89	197
German measles .. .. .	58	33
Sonne dysentery .. .. .	47	80
Diphtheria .. .. .	—	—
Poliomyelitis .. .. .	—	—

The nurseries have continued to be used for educational purposes. 53 medical students, 5 doctors, 30 student nurses, 14 social administration students, 42 health visitors, 2 district nurses and many girl guides, school leavers and nursery assistants have made visits of observation.

Nursery nurses have continued to be trained by the block method, spending alternate weeks during the first year in the nursery schools or classes and the training centre; and the second year in the day nurseries and the training centre. This scheme gives the students time to settle down, and the opportunity of knowing and observing the children whilst working with them. Eleven of the twelve girls who started the course passed the National Nursery Examination and took up the following occupations:—

- 7 day nursery work
- 1 hospital training
- 2 private children's nursing
- 1 blood bank attendant.

Short courses and refresher courses were arranged in conjunction with the staff of the nursery training centre and were attended by the following members of nursery staff :—

- 9 matrons and deputy matrons
- 11 wardens
- 19 nursery assistants

Vandalism has continued to be a major source of inconvenience and expense, the damage to property and nursery equipment amounting to approximately £560.

## TUBERCULOSIS SECTION

### (Care and after-care)

Facilities for the treatment of tuberculous cases continue to be provided by the Manchester Regional Hospital Board at the Chest Clinic, 352, Oxford Road, Manchester, 13, and at the Chest Clinic at Baguley Hospital, but the care and after-care work, which is the responsibility of the local authority and which had previously been centred on the Chest Clinic at Oxford Road, was transferred on 1st June, 1960, to the Health Department in the Town Hall; further reference to this change is made later in this report.

Under Section 28 of the National Health Service Act, 1946, the local authority provides for:—

The visiting and supervision of tuberculous patients and their families by health visitors.

The loan of beds and bedding, free of charge, to assist treatment and to secure the isolation of the patient.

The vaccination of suitable contacts of tuberculous patients by B.C.G.

The provision of food grants to patients and their families whose income is below a set scale.

The loan of nursing requisites, free of charge, to patients receiving domiciliary care.

The free distribution of sputum boxes.

The disinfection of premises, bedding and clothing.

The colonization of patients in village settlements.

Assistance in re-housing.

Financial advice in regard to entitlement to National Assistance, etc.

Co-operation with the Ministry of Labour in regard to the placing of selected patients in suitable employment.

On the 31st December, 5,207 persons were on the Tuberculosis Notification Register and 301 Manchester patients were receiving treatment in sanatoria and hospitals; five patients were on the waiting list for admission to hospital.

### **Tuberculosis health visiting**

A review of the care and after-care work in relation to tuberculosis was carried out in the early part of the year and it was decided to transfer the headquarters of the staff concerned from the Chest Clinic in Oxford Road to the central office at the Town Hall. This was effected on the 1st June, 1960, and has made the administration of this section more comprehensive.

The supervision of the domiciliary side of the work has always been under the Superintendent of Health Visitors, and the transfer of the staff has made this much more direct and the increased ease of consultation has been appreciated by all concerned.

Previously the City was divided into 13 districts, each being the responsibility of a tuberculosis visitor but their duties are now being integrated with those of the health visitors. The necessary administrative reorganization was almost completed by the end of the year and it is expected that the final integration of the work will be effected by the middle of 1961.

### **National Assistance Board and grants in aid**

The close liaison with the officers of the National Assistance Board has continued, and they have at all times been co-operative and understanding in their assessment of assistance to patients and their families, who, by reason of tuberculosis, require immediate and long term financial help. This is particularly important when the admission of the wage earner to hospital is advised.

### **Food grants**

In those cases where an income falls below the scale approved by the Health Committee, patients and their families are assisted by grants of food and milk.

The Committee's scale at the end of the year was as follows:—

One adult .. .. .	£3 14s. 9d.
Two parents or adults .. .. .	£5 15s. 6d.
Allowance for each child .. ..	£1 1s. 3d.

Allowance is made for rent where this exceeds 15s. per week. 64 tuberculous patients received food grants.

### **Housing**

311 applications for re-housing on the grounds of tuberculosis were received from the Housing Survey Section. Every application is carefully examined and a report on the medical aspects of each case, with particular reference to the infectivity of the patient, is obtained from the Chest Physician before the application is finally considered by the Medical Officer of Health.

### **Colonization**

At 31st December, 1960, there were three patients in the Barrowmoor Hall Tuberculosis Colony, one in the Papworth Village Settlement, Cambridgeshire, and a further one in the British Legion Village at Preston Hall, Maidstone, Kent. One patient was discharged from Wrenbury Hall. The Health Committee assumes responsibility for maintenance of patients who are accepted by the village settlements after a period of observation.



Children

Special attention is paid to child contacts and every effort is made to see that they attend at the Chest Clinic for examination and B.C.G. vaccination if required. The department is in constant communication with the Welfare Services Department, the Children's Department and the Senior Medical Officer, School Health Service, and information is freely exchanged. The Children's Department, when necessary, arranges for the care of children when a parent is in hospital, and will also take into care those children who must be segregated from an open case of tuberculosis whilst they have B.C.G. vaccination.

Home helps

The Home Help Section has once again assisted in those tuberculous households where their aid is required. Any home help working in a tuberculous household must be a volunteer, and as a safeguard has periodical X-rays examinations at the Chest Clinic.

B.C.G. vaccination

The following table gives a record of the work carried out under the B.C.G. vaccination contact scheme since it commenced in March, 1951 :—

Year	Number of B.C.G. sessions	Number of Mantoux and jelly patch tests	B.C.G. vaccinations
1951 .. ..	64	2,044	507
1952 .. ..	99	3,093	881
1953 .. ..	93	3,382	872
1954 .. ..	89	3,536	777
1955 .. ..	94	3,612	788
1956 .. ..	93	4,268	745
1957 .. ..	96	4,414	837
1958 .. ..	96	4,252	817
1959 .. ..	98	3,852	856
1960 .. ..	96	2,989	856
Total ..			7,936

In addition to contacts of tuberculous cases, student nurses and hospital staff who are Mantoux negative receive vaccination.

Mass miniature radiography

The following interim report has been supplied by Dr. R. Walshaw, the Medical Director of No. 2 Mass Radiography Unit:—

Mass Radiography Health Survey, No. 2 Mass Radiography Unit,  
Manchester—Zone 4

The fourth zone consists of the following municipal wards: Alexandra Park, Chorlton-cum-Hardy, Rusholme, Levenshulme, Burnage, Old Moat, Withington, Barlow Moor, Didsbury, Northenden, Baguley, Benchill and Woodhouse Park.

For 10 weeks in 1959 the Unit was augmented by the No. 3 (Stockport) Unit of the Manchester Regional Hospital Board. This Unit undertook the survey of members of the general public and industrial groups in the Baguley, Benchill and Woodhouse Park wards; their statistics, for which we are grateful to Dr. J. Rimington, Medical Director, and Mr. H. Winstanley, Organizing Secretary, are incorporated in the tables attached.

The No. 2 Unit was in operation in this Zone from April, 1959, to the end of November, 1960, with the exception of five months when it was carrying out the annual series of examinations to which it is committed in Salford and at H.M. Prison, Strangeways, and also of a month, which was devoted mainly to City groups whose re-examinations were falling due, at a site near the centre of town for convenience. The groups included in the No. 2 Unit's survey were general public, industrial concerns, the several statutory examinations referred to in the report for Zone 3, National Service recruits and patients referred by general practitioners. The number of National Service recruits examined has, with the gradual abolition of the call-up, progressively diminished and the last of these examinations took place in August, 1960.

During 1960 a solution to the problem of accommodation in the Blackley Crumpsall, Harpurhey and Hugh Oldham wards was found, and these areas were duly visited, utilising in this instance the services of the No. 6 Unit of the Manchester Regional Hospital Board to whose Organizing Secretary, Mr. N. Hall, we are indebted for the detailed arrangements and provision of statistics. As the last examinations in these wards only took place in November 1960, it is not possible at this date to give a final and detailed analysis of the findings. These will, as mentioned in the report for Zone 3 already issued, be made the subject of a supplementary report. Similarly, the analysis attached with this report for Zone 4 can only cover the examinations up to July, 1960; again it is proposed to make the later findings for this Zone the subject of a supplementary report and, when all the statistical details are available, to submit a comprehensive report of the findings in all the Zones surveyed in Phase 1 of this service.

#### ANALYSIS OF FINDINGS IN ZONE 4 TO JULY, 1960

Total number of examinations carried out.. .. .	55,0
Of these resident in Zone 4 were .. .. .	37,8

##### *Respiratory tuberculosis requiring treatment—*

All examinations .. .. .	125	—	2.27
Residents in Zone 4.. .. .	96	—	2.54

##### *Respiratory tuberculosis requiring periodic supervision at chest clinics—*

All examinations .. .. .	212	—	3.87
Residents in Zone 4 .. .. .	171	—	4.52

##### *Bronchiectasis—*

All examinations .. .. .	56	—	1.02
Residents in Zone 4 .. .. .	44	—	1.16

##### *Carcinoma bronchus—*

All examinations .. .. .	24	—	0.44
Residents in Zone 4 .. .. .	19	—	0.50

Rates per thousand in respect of these significant abnormalities for the 267,740 examinations carried out by the Manchester Regional Hospital Board in six units in the year 1958—the latest figures available—were:—

Respiratory tuberculosis requiring treatment .. .. .	1.6
Respiratory tuberculosis requiring periodic supervision at chest clinics .. .. .	2.4
Bronchiectasis.. .. .	1.3
Carcinoma bronchus .. .. .	0.4

Among the other abnormalities discovered in these Zone 4 examinations were:—

Pneumoconiosis .. .. .	8
Coarctation of aorta.. .. .	1
Byssinosis .. .. .	2
Aneurysm left pulmonary artery .. .. .	2
Sarcoidosis .. .. .	1
Substernal thyroid .. .. .	8
Diaphragmatic hernia .. .. .	14
Dextrocardia .. .. .	1
Eventration of diaphragm .. .. .	3
Haemosiderosis .. .. .	1
Neuro-fibromata.. .. .	2
Pleural fibroma .. .. .	1
Non-tuberculous spontaneous pneumothorax .. .. .	1

## Notification

### *Respiratory tuberculosis*

There was again a decrease in the number of new cases of respiratory tuberculosis notified, the figure being 390 as compared with 476 in 1959. 247 cases were notified amongst males, a reduction of 43 from the 1959 figure; females numbered 143, a reduction of 43 from the 1959 total.

### *Non-respiratory tuberculosis*

The number of new cases has decreased once again from 39 in 1959 to 35 during 1960; 12 male cases and 23 female.

## Mortality

### *Respiratory tuberculosis*

The deaths from respiratory tuberculosis numbered 81, an increase of 1 on the figure for 1959. There were 68 male and 13 female deaths.

### *Non-respiratory tuberculosis*

2 males died from non-respiratory tuberculosis, this total being 5 less than that for 1959.

## Summary of the work of the section

### *Tuberculosis health visitors:—*

Primary investigations .. .. .	493
Domiciliary visits .. .. .	21,125
Post-death visits .. .. .	—
Ineffective visits .. .. .	3,061

### *Assistance to patients and families:—*

Food grants .. .. .	64
Loan of beds and bedding .. .. .	28
Loan of nursing requisites .. .. .	2
Sputum boxes issued .. .. .	17,378

### *Disinfections by Corporation:—*

Premises .. .. .	93
Bedding .. .. .	43

### *Housing applications:—*

Cases reviewed .. .. .	311
Cases recommended .. .. .	62



The statistics for the year are shown in the following tables:—

Primary notifications of and deaths from tuberculosis

Comparative figures 1940—1960

(Rates per thousand of the population)

Year	Primary notifications						General death rate, M/cr.	Death rate all respiratory diseases except tuberculosis (M/cr.)	Death rates, tuberculosis Manchester						Death rate tuberculosis England and Wales
	Respiratory			Non-respiratory					Respiratory			Non-respiratory			
	M. Rate	F. Rate	Persons Rate	M. Rate	F. Rate	Persons Rate			M. Rate	F. Rate	Persons Rate	M. Rate	F. Rate	Persons Rate	
1940	1.95	1.13	1.51	0.41	0.36	0.38	17.98	4.00	1.43	0.78	1.09	0.16	0.13	0.15	0.5
1941	2.12	1.16	1.61	0.45	0.41	0.43	16.64	2.81	1.45	0.84	1.13	0.19	0.19	0.19	0.6
1942	1.78	1.22	1.48	0.37	0.41	0.39	14.72	2.13	1.23	0.76	0.99	0.14	0.12	0.13	0.5
1943	1.78	1.25	1.50	0.41	0.49	0.45	15.50	2.64	1.14	0.71	0.91	0.16	0.15	0.16	0.5
1944	1.62	1.14	1.37	0.33	0.36	0.34	14.20	2.04	0.95	0.66	0.80	0.13	0.10	0.11	0.5
1945	1.73	1.23	1.46	0.34	0.31	0.32	14.41	2.33	1.00	0.62	0.80	0.16	0.10	0.13	0.5
1946	1.56	0.89	1.20	0.28	0.22	0.25	13.52	2.09	0.92	0.48	0.69	0.08	0.12	0.10	0.4
1947	1.41	0.91	1.15	0.21	0.18	0.19	13.79	2.11	0.88	0.46	0.66	0.11	0.08	0.09	0.4
1948	1.50	1.01	1.24	0.19	0.21	0.20	12.27	1.80	0.89	0.50	0.69	0.06	0.08	0.07	0.4
1949	1.58	1.02	1.28	0.20	0.24	0.22	12.91	2.10	0.76	0.45	0.60	0.06	0.04	0.05	0.4
1950	1.28	0.84	1.05	0.21	0.17	0.19	12.77	1.86	0.77	0.42	0.58	0.07	0.06	0.07	0.4
1951	1.23	0.82	1.02	0.13	0.17	0.15	13.82	2.50	0.61	0.32	0.45	0.05	0.06	0.06	0.4
1952	1.32	0.75	1.02	0.13	0.14	0.14	12.16	1.70	0.59	0.20	0.38	0.04	0.03	0.03	0.4
1953	1.32	0.83	1.06	0.12	0.14	0.13	12.31	1.86	0.39	0.19	0.28	0.04	0.02	0.03	0.4
1954	1.20	0.75	0.96	0.15	0.16	0.15	12.20	1.73	0.40	0.15	0.27	0.03	0.03	0.03	0.4
1955	1.16	0.78	0.96	0.13	0.09	0.11	12.68	1.93	0.26	0.12	0.19	0.02	0.02	0.02	Q
1956	1.09	0.66	0.86	0.06	0.10	0.08	12.35	1.77	0.21	0.09	0.15	0.02	0.01	0.02	0
1957	1.13	0.65	0.88	0.08	0.08	0.08	12.40	1.94	0.24	0.06	0.14	0.02	0.01	0.02	0
1958	1.01	0.57	0.78	0.08	0.11	0.10	12.70	1.98	0.17	0.04	0.10	0.02	0.01	0.01	0.
1959	0.92	0.52	0.71	0.04	0.07	0.06	12.49	2.03	0.19	0.05	0.12	0.01	0.01	0.01	0
1960	0.79	0.41	0.59	0.04	0.07	0.05	12.42	1.72	0.22	0.04	0.12	0.01	..	0.00	0

Sources of notification of tuberculosis

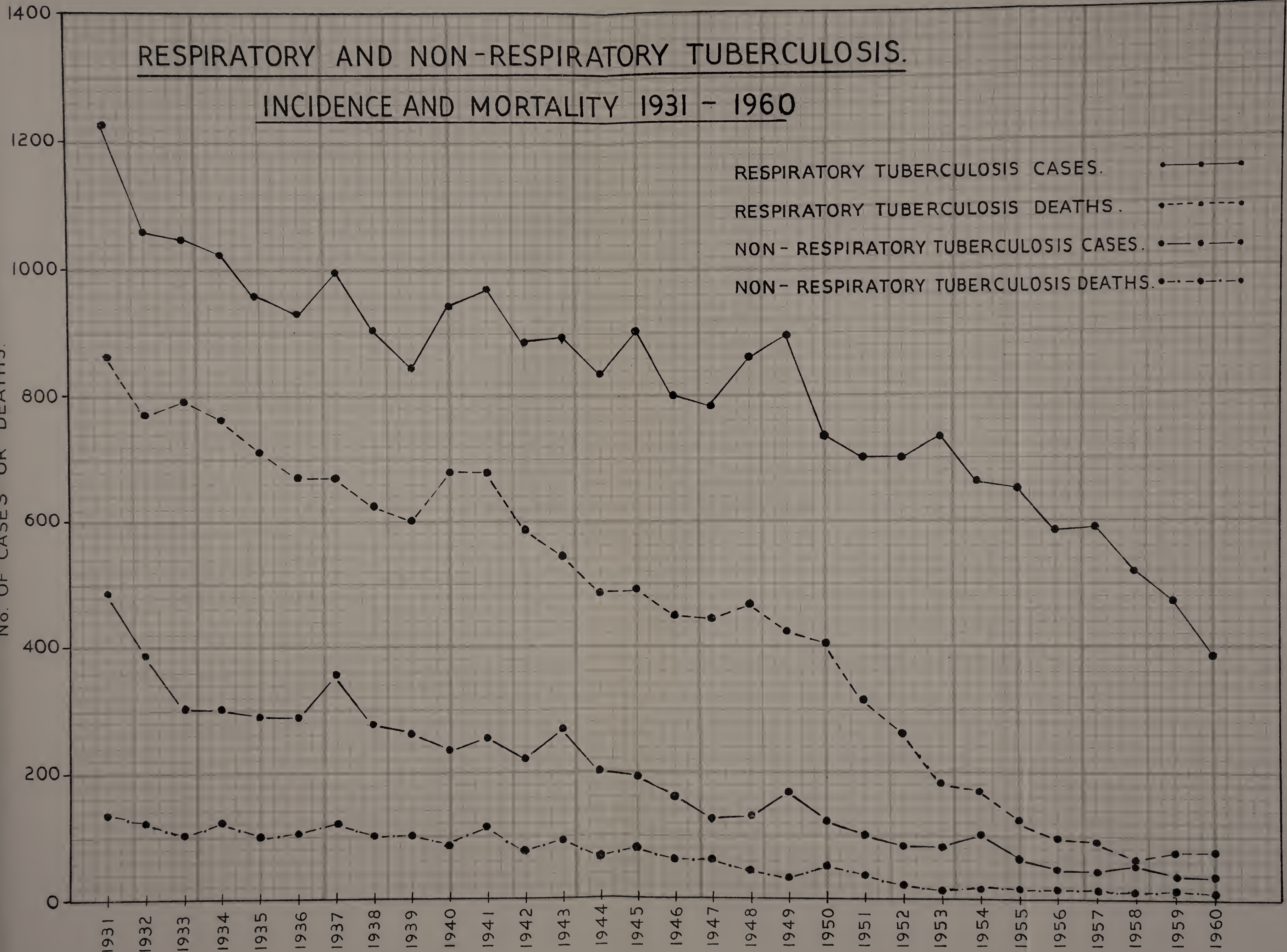
Source	Respiratory	Non-respiratory	Total
Private practitioners .. .. .	64	5	69
Chest Clinic staff .. .. .	244	9	253
General hospitals .. .. .	51	19	70
Mental hospitals .. .. .	—	—	—
Sanatoria .. .. .	28	2	30
H.M. Forces .. .. .	3	—	3
Other sources .. .. .	—	—	—
Totals .. .. .	390	35	425



# RESPIRATORY AND NON-RESPIRATORY TUBERCULOSIS.

INCIDENCE AND MORTALITY 1931 - 1960

No. OF CASES OR DEATHS.









# Tuberculosis (pulmonary and non-pulmonary)

Incidence and deaths in age groups for the years 1936 to 1960

Year	0 —				1 —				5 —				15 —				45 —				65 —				Total				Total		
	Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Cases		Deaths		All forms		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	
1936	1	1	4	6	5	3	50	21	49	17	98	25	615	396	109	36	235	223	25	15	32	31	3	2	937	671	289	105	1,226	776	
1937	1	2	9	6	11	7	53	22	48	5	190	19	635	396	165	44	261	213	22	17	45	51	9	7	1,001	674	358	115	1,359	789	
1938	6	1	9	10	7	8	38	15	54	8	87	24	577	350	124	29	231	235	18	15	32	30	6	6	907	627	282	99	1,189	726	
1939	3	1	3	3	8	3	43	23	34	6	66	14	559	355	126	41	205	202	22	14	40	34	5	5	849	601	265	100	1,114	701	
1940	3	3	2	3	4	1	28	21	31	6	68	13	620	408	112	39	242	208	23	11	43	52	4	4	943	678	239	91	1,182	769	
1941	3	3	2	2	14	5	46	35	36	6	68	18	610	366	124	42	266	241	13	11	39	61	4	7	968	679	258	115	1,226	794	
1942	—	3	2	3	5	5	31	15	35	5	57	12	615	338	119	34	209	206	24	9	30	41	1	1	900	546	272	93	1,172	639	
1943	1	1	2	3	11	2	20	13	29	4	68	14	614	291	138	41	211	212	26	13	34	36	2	2	840	491	211	68	1,051	559	
1944	1	1	4	3	18	3	32	13	41	4	57	12	522	275	91	28	213	177	15	8	37	50	3	3	913	496	200	81	1,113	577	
1945	2	3	6	4	19	2	29	14	44	7	44	10	517	232	71	22	195	171	13	11	32	51	5	1	805	460	168	67	973	527	
1946	5	3	5	9	12	5	17	14	60	4	38	9	482	236	59	25	190	176	18	6	41	43	8	4	899	477	141	49	1,004	526	
1947	3	4	2	6	24	5	16	8	42	3	36	8	545	261	66	14	194	150	12	6	41	43	8	4	899	418	154	38	1,053	456	
1948	4	2	1	3	33	5	17	7	62	2	34	2	449	210	61	15	134	134	10	8	36	37	4	5	737	411	132	47	869	457	
1949	7	1	—	3	32	3	22	7	48	2	20	6	449	134	56	15	146	134	11	7	19	48	3	3	711	318	105	39	816	357	
1950	6	—	1	2	38	4	13	7	48	—	27	4	416	91	46	8	151	130	6	6	30	34	2	2	717	269	96	24	813	293	
1951	11	2	1	1	40	1	14	5	76	—	27	4	416	91	46	8	151	130	6	6	30	34	2	2	717	269	96	24	813	293	
1952	4	—	2	—	33	1	7	1	63	—	28	—	406	67	38	8	143	96	14	7	35	34	4	1	742	198	93	18	835	216	
1953	7	—	2	—	22	—	7	1	54	—	17	2	406	67	38	8	143	96	14	7	35	34	4	1	742	198	93	18	835	216	
1954	6	7	1	—	38	—	7	4	64	—	10	1	381	43	44	5	161	55	9	1	21	32	6	4	662	130	77	14	739	144	
1955	7	—	1	—	24	—	7	1	39	—	4	1	339	18	39	3	152	48	7	2	29	35	1	1	597	101	56	13	648	114	
1956	8	—	1	—	21	—	4	2	35	—	7	—	354	27	36	3	140	51	6	5	29	19	1	2	597	97	54	12	651	109	
1957	9	—	—	—	17	—	7	—	26	—	6	—	305	14	35	2	146	40	13	5	30	15	1	3	527	69	67	10	594	79	
1958	3	—	—	—	33	—	6	—	83	—	6	—	264	22	20	—	123	30	8	2	37	28	3	3	476	80	39	7	515	87	
1959	2	—	—	—	17	—	—	—	26	—	—	—	198	13	23	—	117	42	2	1	34	26	2	1	390	81	35	2	425	83	
1960	2	—	—	—	21	—	—	—	18	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—



**Summary of notifications of tuberculosis during the period  
1st January to 31st December**

	FORMAL NOTIFICATIONS													
	Number of primary notifications of new cases of tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Totals (all ages)
ry, males .. .. .	2	3	9	9	2	11	15	36	37	54	43	16	10	247
ry, females .. .. .	—	4	5	4	3	17	24	34	24	14	6	7	1	143
ratory, males .. .. .	—	—	1	—	1	—	3	2	3	—	1	1	—	12
ratory, females .. .. .	—	1	—	2	3	4	3	7	1	1	—	1	—	23

**New cases of tuberculosis coming to the knowledge of the Medical  
Officer of Health during the above-mentioned period, otherwise  
than by formal notification**

Source of Information			NUMBER OF CASES IN AGE GROUPS													
			0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Totals
Returns from registrars	Respiratory	{ M.	—	—	—	—	—	—	—	—	2	1	5	2	1	11 (A)
		{ F.	—	—	—	—	—	—	—	—	—	—	1	3	2	6 (B)
	Non-respiratory	{ M.	—	—	—	—	—	—	—	—	—	—	—	—	—	— (C)
		{ F.	—	—	—	—	—	—	—	—	—	—	2	—	—	2 (D)
Returns from Registrar General (excludable deaths)	Respiratory	{ M.	—	—	—	—	—	—	—	—	—	—	—	—	—	— (A)
		{ F.	—	—	—	—	—	—	—	—	—	—	—	—	—	— (B)
	Non-respiratory	{ M.	—	—	—	—	—	—	—	—	—	—	—	—	—	— (C)
		{ F.	—	—	—	—	—	—	—	—	—	—	—	—	—	— (D)
Posthumous notifications	Respiratory	{ M.	—	—	—	—	—	—	—	—	—	—	2	1	—	3 (A)
		{ F.	—	—	—	—	—	—	—	—	—	—	—	—	—	— (B)
	Non-respiratory	{ M.	—	—	—	—	—	—	—	—	—	—	—	—	—	— (C)
		{ F.	—	—	—	—	—	—	—	—	—	—	—	—	—	— (D)
"Deaths" from tuberculosis (excludable deaths)	Respiratory	{ M.	—	—	1	1	—	1	5	17	15	6	4	6	—	56 (A)
		{ F.	—	—	—	—	2	—	11	17	7	3	—	—	—	40 (B)
	Non-respiratory	{ M.	—	—	—	—	2	—	—	—	2	—	—	—	—	4 (C)
		{ F.	—	—	—	—	—	—	—	1	—	—	—	—	—	1 (D)
Other sources	Respiratory	{ M.	—	—	—	—	—	—	—	—	—	—	—	—	—	— (A)
		{ F.	—	—	—	—	—	—	—	—	—	—	—	—	—	— (B)
	Non-respiratory	{ M.	—	—	—	—	—	—	—	—	—	—	—	—	—	— (C)
		{ F.	—	—	—	—	—	—	—	—	—	—	—	—	—	— (D)

Totals of cases (A) Respiratory, male	70
(B) Respiratory, female	46
(C) Non-respiratory, male	4
(D) Non-respiratory, female	3



## EPILEPSY AND CEREBRAL PALSY

Although epilepsy and cerebral palsy are not notifiable diseases, all cases between the ages of 2 and 16 which are brought to the notice of the Health Department are referred to the School Health Service in accordance with Section 34 of the Education Act, 1944.

Only Manchester children who were thus known to the School Health Service during 1960 are included in the following statement. The figures therefore do not necessarily indicate the incidence of either disease in the City, but record the number of children found to be suffering from the two conditions during the year. There are bound to be some cases of children suffering from mild forms of the two conditions which were not brought to the notice of the Department.

### *Epilepsy—*

Children in Soss Moss Residential School . . . . .	40
Children in schools not administered by the Education Committee . . . . .	4
Children under supervision because of convulsions . .	71

### *Cerebral Palsy—*

Children in Margaret Barclay Residential School . .	25
Children in Lancasterian Day Special School . . .	99
Children under orthopaedic treatment at clinics . .	44
Children in schools not administered by the Education Committee . . . . .	0

The Corporation maintains a colony for sane epileptics at Langho, near Blackburn, in which residential provision is made for males and females aged 15 years or over, under Part III of the National Assistance Act, 1948. Information is given on the accommodation and facilities available at the Colony in the General Services Division section of this report under the heading "Langho Colony".

## HOME NURSING SERVICE

It is very gratifying to report the growing sense of interest in this Service within the Department and the happy co-operation of the Nursing and Administrative staffs at all levels since the Service was transferred to the Manchester Corporation in 1958. There is no doubt that this was fostered by the presence of the Senior Superintendent at the central office in the Town Hall. She retired from the Service in September. For the rest of the year, as an interim measure, one of the medical officers has acted as liaison officer in her stead.

The work of a district nurse is most rewarding and the fact that the nature of her duties has changed considerably in the last 10 years so that pure nursing plays a smaller part, by no means indicates that the job is less interesting. Health Education is an important part of the nurses' work and there is a wide area of social need with which she is in contact: it is vitally important that she is equipped to meet this challenge and many of the nurses welcome this wide field of activity.

The very large number of elderly folk who require nursing care in the home accounts for much of the district work, and the State Enrolled Assistant Nurses are invaluable in this field.





Home nurses room at Moss Side Clinic



The number of home nurses employed at the end of the year was 107, in addition to 4 Premature Baby Nurses and 3 Ophthalmic Nurses, a report of whose work will be found in the "midwifery service" section of this report.

The decrease recorded in 1959 in the number of new patients referred for Home Nursing continued during 1960, the number being 9,634 as against 10,969 for 1959, a decrease of 1,335. The number of patients remaining on the books at the end of the year was 2,674, an increase of 24 on the previous year. Of the new patients referred to the service there was again a reduction in the number classified under Infectious and Notifiable Diseases, 436 as compared with 755 in 1959. Of these, 113 were primary pneumonia cases as against 234 the previous year and 157 pulmonary and non-pulmonary tuberculosis cases against 272 for 1959. The general reduction in infectious cases visited, first recorded in 1955, has continued.

There was a reduction in the number of patients suffering from anaemia, 102 compared with 928 in 1959, and a reduction in bronchitis and other respiratory cases, 906 compared with 1,041 in 1959: the number of diabetic cases dropped to 117, a decrease of 26 on the previous year. The numbers of other new patients varied slightly when compared with the figures for 1959.

The decrease in the number of new patients in 1960 is largely due to the reduced number of medical cases and to the greater number of tuberculosis cases now using oral antibiotics and so not requiring the services of a district nurse. In 1956 a monthly total of 1,400 injections of Streptomycin were given but in 1960 the number of injections was reduced to 400.

Particulars of patients on the books, patients nursed and visits paid are given in the following tables:—

	1960	1959	Differ- ence	Per cent. differ- ence
Patients on books 1st January ..	2,650	2,824	— 174	6.2
Add new patients .. .. .	9,634	10,969	— 1,335	12.2
Total patients nursed .. ..	12,284	13,793	— 1,509	10.9
Deduct patients taken off .. ..	9,610	11,143	— 1,533	13.8
Patients on books 31st December ..	2,674	2,650	+ 24	.9
Nursing visits .. .. .	307,154	326,295	— 19,141	5.9

#### Classification of patients and nursing visits

	1960	1959	Per cent 1960
A. Patients on books at 31st December .. ..	2,674	2,650	100.0
Medical .. .. .	2,354	2,343	88.0
Surgical .. .. .	257	209	9.7
Infectious diseases .. .. .	—	1	—
Tuberculosis .. .. .	61	87	2.2
Maternal complications .. .. .	2	10	0.1
Others .. .. .	—	—	—
	2,674	2,650	100.0
B. Patients nursed .. .. .	12,284	13,793	100.0
Medical .. .. .	10,309	11,841	83.9
Surgical .. .. .	1,295	1,245	10.5
Infectious diseases .. .. .	280	19	2.3
Tuberculosis .. .. .	244	378	2.0
Maternal complications .. .. .	156	310	1.3
Others .. .. .	—	—	—
	12,284	13,793	100.0

c. Nursing visits	1960	1959	Per cent.
			1960
Medical .. .. .	248,954	261,645	81.0
Surgical .. .. .	41,163	40,933	13.4
Infectious diseases .. .. .	1,176	103	.4
Tuberculosis .. .. .	14,574	21,301	4.8
Maternal complications .. .. .	1,287	2,313	.4
Others .. .. .	—	—	—
	307,154	326,295	100.0

**Classification of new patients referred to the  
Home Nursing Service during the year**

**A. Diagnosis**

	1960	1959	Per cent. 1960
1. Infectious and notifiable diseases—			
(a) Primary pneumonia .. .. .	113	234	1.2
(b) Broncho pneumonia .. .. .	114	161	1.2
(c) Pulmonary and Non-pulmonary tuberculosis .. .. .	157	209 } 63 }	1.6
(d) Other notifiable diseases .. .. .	52	88	.5
Totals of (1) .. .. .	436	755	4.5
2. Diabetes .. .. .	117	143	1.2
3. Anaemia .. .. .	602	928	6.3
4. Bronchitis and other respiratory diseases .. .. .	906	1,041	9.4
5. Heart diseases .. .. .	1,471	1,570	15.3
6. Cancer .. .. .	630	608	6.5
7. Diseases of the nervous system .. .. .	171	89	1.8
8. Urogenital .. .. .	—	55	—
9. Complications of pregnancy and following childbirth ..	146	296	1.5
10. Other medical cases .. .. .	3,242	4,452	33.7
11. Post-operative .. .. .	561	454	5.8
12. Varicose ulcers .. .. .	118	144	1.2
13. Other surgical .. .. .	407	430	4.2
14. Operations .. .. .	—	4	—
15. Aged and infirm .. .. .	827	—	8.6
Totals .. .. .	9,634	10,969	100.0

**B. Age groups**

Age group	1960	1959	Per cent. 1960
0-4 .. .. .	386	368	3.8
5-14 .. .. .	273	299	2.8
15-64 .. .. .	4,492	5,446	46.7
65-74 .. .. .	2,093	2,371	21.8
75 and over .. .. .	2,390	2,485	24.9
Totals .. .. .	9,634	10,969	100.0

Home nurses are required to deal with all types of general nursing care some examples of which are given below:—

**Care of the Elderly**

A home nurse was asked to visit a lady of 68 years who had arthritis but had been able at least to keep her meagre possessions tidy until January, 1959, she had a stroke which coupled with the arthritis rendered her completely helpless. She was recommended for Hospital care and the District Nurse was asked to attend until a bed was available.

Nurse visited twice daily and a Home Help three times a week for cleaning and shopping. On these days the Home Help also cooked a dinner and left sandwiches to last until her next visit. Nurse made tea in the afternoon and left a thermos flask filled for morning when the milkman called in and poured out the tea, helped the patient to sit up and gave her the sandwiches.

A Dunlopillo mattress was loaned from the Health Department and full laundry service supplied.

The patient was unable to use a bed pan but a piece of mackintosh arranged to form a funnel into a pail at the bedside, enabled her to keep the bed reasonably clean and dry. Nurse attended to this on her visits.

Eight months later the patient was admitted to Hospital for Geriatric treatment. Six months later she returned home able to get around the flat with the aid of supporting boots and elbow crutches and able to use her hands sufficiently to prepare simple meals. Her old-fashioned arm-chair has been built up and fitted with wheels and foot rest, and a high box seat fitted over the lavatory.

Nurse attended three times a week to give general care and to dress the patient, the Home Help assisting her into the chair on alternative days. The W.V.S. alternated with the Home Help in cooking a good dinner each day and the patient gained a stone in weight, was always cheerful and most grateful to everyone who had helped her to keep her own little home.

A niece, her only relative, visits every Sunday but is unable to do anything more.

#### Medical and social care

This family is isolated in the heart of Manchester, their nearest contact with local life being via the general shop along the road.

The District Nurse was called in to give injections to the father who was found in bed in the living room, desperately ill with a chest condition. His two little daughters were suffering from heavy colds and the mother, ill herself, was up and dressed, trying to cope with the situation. There was no money in the house, little food and only one shovelful of coal.

The District Nurse was able to make the father comfortable and then go on to get prescriptions made up at the chemist's and to visit the National Assistance Board office to explain the urgency of this family's need. Meanwhile, the mother was persuaded to write to a friend for a little practical help in the home until the situation improved. Health Education was given regarding sputum disposal, ventilation, general diet, and the children's need of vitamin supplements.

This is a classical District Nursing case, illustrating the combination of nursing, social work and health education.

#### Post operative care

A young married girl of 26 years with abdominal tuberculosis was under observation in Hospital on two occasions before finally undergoing an operation. The District Nurse was called in to attend to post-operative dressings after discharge from hospital, and the patient was found to be very lethargic and to have a poor appetite at first. She had, however, a very happy, cheerful disposition and both she and the relatives with whom she stayed were most co-operative.



Treatment and general care was continued by the nurse for several months and good progress was made. A happy sequel to this case is that the young couple decided to adopt a child, and when last visited by the nurse were fostering a baby boy and awaiting legal adoption.

### Nursing staff

The establishment of nursing staff provides for the equivalent of 100 full-time Home Nurses.

The number of nurses employed at 31st December, 1960, was 107, of whom 71 were whole-time and 36 part-time, giving an equivalent whole-time strength of 89.

#### (a) Nursing grades—

The figure of 107 is analysed as follows:—

	1960	1959
Queen's senior superintendent .. .. .	—	1
Queen's superintendents .. .. .	4	4
Queen's assistant superintendents .. .. .	3	1
Queen's district nurse tutor .. .. .	1	1
Queen's female nurses .. .. .	42	40
Queen's male nurses .. .. .	9	10
Student district nurses .. .. .	2	5
State-registered nurses .. .. .	36	28
State-enrolled assistant nurses .. .. .	10	6
	<hr/> 107	<hr/> 96

#### (b) Accommodation—

Resident in district nurses' home or centre under the control of a superintendent .. .. .	6	14
Non-resident, but working from a nurses' home or centre under control of a superintendent .. .. .	101	82
	<hr/> 107	<hr/> 96

### Training

State-registered nurses are trained in home nursing for the Queen's Roll at the Harpurhey Training Home and the training consists of supervised experience in domiciliary nursing, lectures, tutorial demonstrations and visits of observation. During 1960, 6 students were trained in Manchester, 5 for the Manchester Corporation and 1 independent student from Malaya. All the students subsequently sat for the Queen's Roll Examination and 3 were successful. Three students from a later course are awaiting results. The three week lecture block organized by the Corporation was attended by 23 other students from the following authorities:—Bolton, Bury, Rochdale, Salford and Stockport.

Talks are also given by the Superintendents to hospital student nurses in connection with their practical experience with the home nurses on the district.

### Refresher courses

Queen's District nurses attended a refresher course arranged by the Queen's Institute of District Nursing at Bedford College, London, and the Tutor attended an Administrative Course at William Rathbone Staff College, Liverpool.

### Transport

Permission is given to Home nurses to use their own cars and auto-cycles on official business, and these nurses are paid an allowance in accordance with the National Joint Council Scale of car allowances. At the 31st December 1960, nine nurses used cars provided by the employing authority, 24 were authorized to use their own cars and 13 used their own motor or auto-cycles.

Those nurses who do not drive either cars or scooters use public transport or bicycles provided by the Corporation.

### **Sick room equipment loans service**

The undermentioned items of nursing equipment may be obtained on loan from district nurses' homes and report centres or from the British Red Cross Society depots in Manchester or directly from the Health Department.

Bed pans	Dunlopillo mattresses	Urinals
Bed tables	Bed rests	Crutches
Feeding cups	Hot water bottles	Commodes
Inhalers	Kidney bowls	Rubber sheeting
Sputum mugs	Steam kettles	Air-rings

Applications for loan must be supported by a doctor, district nurse, health visitor or midwife. A small deposit is required in respect of the equipment loaned and is refunded when the equipment is returned to the Department. Applicants whose only income is by way of Old Age Pension, National Assistance or National Insurance are exempt from the payment of a deposit.

During the year requests for loan of equipment were received from 470 persons.

### **Laundry service for chronic sick persons nursed at home**

The number of persons who availed themselves of the laundry service for chronic sick persons nursed at home, provided under Sections 28 and 29 of the National Health Service Act, 1946, again increased.

Deliveries of laundered bed linen and night attire, and collections of soiled articles were made once or twice weekly, according to the needs of the particular case, and the laundering continued to be carried out at "Newholme" and Springfield Hospital, both establishments maintaining a most satisfactory service.

Disposable absorbent paper sheets were used in suitable cases as alternatives for linen draw sheets. The paper sheets have proved to be very satisfactory and are found to be most beneficial in cases where the patient is doubly incontinent. Moreover, they are regarded with favour by district nurses and health visitors, and by the majority of patients. However, laundered linen draw sheets continue to be supplied in cases where either the district nurse or health visitor considers it advisable or the patient expresses preference.

A total of 691 patients used the service during 1960.

### **Liaison with hospitals and general practitioners**

The home nursing service enjoys cordial and effective liaison with the hospitals and general practitioners throughout the City. It is considered that the attendance of district nurses to patients in their homes has avoided much unnecessary admission to hospital, facilitated early discharge, and reduced out-patient attendances to some extent by the district nurse visiting in the home to give injections or to dress wounds in between the patients' visits to the hospital.

Many patients are prepared for diagnostic radiology and this affords a considerable saving in hospital beds as it often involves a two-day treatment. This applies also in the case of pre-operative courses of penicillin or streptomycin in conditions requiring, for example, chest surgery or nephrectomy.

Many cardiac and respiratory conditions which used to require hospital care can now be controlled by drug therapy given by injections administered by the district nurses. The relatives are taught how to manage the patient between the nurse's visits.

When due for discharge from hospital many patients are referred for special attention either by their own doctor or directly by the almoner. Such patients are mainly for post-operative dressings but other cases have been for ophthalmic treatment or instruction in the use of insulin. Occasionally a patient is sent out of hospital with some brief notes on his condition from the ward sister: this is extremely useful and it would be welcomed if this practice were more general.

Evening sessions, 6-8 p.m., are held at the district centres and are particularly useful to patients who are fit to work but require an injection or dressing: the general practitioners and hospital staffs also appreciate this facility as it eases the pressure on their clinics.

Long stay hospital patients frequently come home for short periods as, for example, at Christmas time, and this arrangement is welcomed by the hospitals. One man came home after 9 years in hospital, although completely paralysed, and with the provision of a foam mattress and disposable incontinence pads it is possible to nurse him at home, a male nurse calling daily. Had the need arisen he could have been readmitted to hospital immediately.

### Sick children

The nursing of sick children at home varies in different areas of the City and is mainly a matter of giving antibiotic injections for chest conditions or ear infections.

In Wythenshawe, however, several children wearing plaster casts were nursed at home and also children discharged from the Burns Unit after skin grafting, the district nurse attending to continue the dressings ordered by the surgeon. Also in this area children suffering from sarcoma, leukaemia, cerebral tumour or congenital defects have been nursed at home.

## DARBISHIRE HOUSE HEALTH CENTRE

Darbishire House is a University Health Centre. It was set up in 1954 by agreement between the authorities concerned with medical care and the City of Manchester. Its principal objectives are as follows:—

- (1) First-class medical care for the inhabitants of a densely populated city area.
- (2) A demonstration of the proper integration of preventive and curative services as represented by the personal health services of the local authority, the family practitioner services, and the hospital specialist services.
- (3) An instrument for undergraduate medical education which can be used to lighten the emphasis given to hospital medicine.
- (4) As a means of showing how medical care should take into account the social factors in the causation of disease in the individual and in the community, thus demonstrating the use of such a centre as an instrument of socio-medical research.

There is a Board of Management which includes representatives of the University, the City Council, the Executive Council, the Local Medical Committee, and the four General Medical Practitioners who practice at the Centre.



The initial costs of adapting and equipping the premises were met from the funds of the Nuffield Provincial Hospitals Trust and the Rockefeller Foundation. The research and teaching expenses are met by the University of Manchester, and the Manchester City Council makes an annual grant towards the cost of the centre in addition to expenditure on the staffing of the local authority services which include health visiting, maternity and child welfare clinics, home nursing, school health clinics and the Family Welfare Service.

Preventive clinics are established within the Centre and staffed by the four practitioners. Home nursing is related to the patients of the general practitioners, and the nurses undertake nursing treatment in the Centre as well as home visits. The health visitors serving this area have their headquarters at Darbishire House in accordance with the general policy of decentralization.

During 1960, each of the four doctors held a weekly clinic alternating between infant and ante-natal sessions. Relaxation, mothercraft and sewing classes again proved popular and many mothers expressed their appreciation of the help they had received.

More of the neighbouring general medical practitioners sent their patients to the Health Centre, particularly for blood tests and to book the midwife for home confinement.

Patients of the Centre's four doctors are particularly fortunate to have the opportunity to consult both the doctor and the midwife at each visit. It is of great advantage also to health visitors and midwives to be able to consult when necessary the family doctor, the social worker, the home nurse and the school Health Service staff in the same building.

The close association between the doctors and the health visitors continued and the health visitors, when requested by the doctors, were often able to help patients with their problems. Some mothers attended the centre solely for consultation with a health visitor and much advice and help was given to mothers who were in difficulties. A considerable amount of time was spent assisting mothers with social problems and home visits were often necessary. Liaison was maintained with the social worker and problems were thoroughly discussed so that the broadest possible view of the situation was presented.

In December, social and moral welfare workers in the City were invited to a *conversazione* at Darbishire House. This was of great assistance in stimulating the co-operation which is so essential between different branches of public service.

A most pleasant occasion was when some of the old people from the district were taken on a trip to Southport during the summer; it is hoped to repeat this excursion in future years.

Another successful year indicates that the more experience is gained in such team work the more effective becomes the service which can be offered to the public.

## CONVALESCENCE

Recuperative holidays were arranged in appropriate cases on recommendations by general medical practitioners or, occasionally, by hospital almoners.

The number of admissions to recuperative holiday homes not administered by the Health Committee are shown below:—

" Binswood " British Red Cross Home, Manchester .. .. .	85
Blackburn and District Convalescent Home, St. Annes .. .. .	102
Bryn Aber Nursery Home, Abergele (children) .. .. .	40
Hillary Nursery Home, Prestatyn (children) .. .. .	34
Jewish Blind Society's Home, Bournemouth .. .. .	6
Lear Home of Recovery, West Kirby .. .. .	93
Total .. .. .	<hr/> 360

Children were also admitted to the Dr. Garrett Memorial Home, Conway, North Wales and beds for convalescent mothers were provided at Knowle House, Handforth, Cheshire. Information relating to these homes, both of which are maintained by the Health Committee, is given elsewhere in this report.

## HOME HELP SERVICE

The Home Help Service is provided under Section 29 of the National Health Service Act, 1946.

Due to the City Council's generous scale of assessment no one in genuine need of the services of a home help will find the cost beyond their means, and wherever the sole income is composed of Old Age Pension or National Assistance benefit, no charge is made.

Close liaison was maintained with other sections of the Health Department the Welfare Services Department, medical practitioners, hospital almoners and voluntary organizations. The demand for help again increased, underlining the essential part played by the Home Help Service in the life of the City. The number of households where help was provided is shown below: for purpose of comparison figures for the previous year are also shown in brackets:—

(a) Maternity (including expectant mothers)	463	(415)
(b) Tuberculosis	17	(18)
(c) Chronic sick (including aged and infirm)	1,562	(899)
(d) Others	1,361	(963)

Apart from those relating to tuberculosis cases the figures show considerable increases. This is due principally to the additional 50 part-time helps recruited midway through 1959 and an extension of the number of home helps who are participating in a system whereby one home help looks after a group of perhaps five or six aged chronic sick who live near to one another; each day the help calls when shopping for one, or collecting a pension or lighting a fire, call on other people in the group so that they do not feel completely alone and deprived of company.

While making it possible to give attention to more households, the groupwork system does involve difficulties, particularly in winter. All too often one or two members of a group become acutely ill and need more help than can be provided unless other members of the group are temporarily neglected. It is clear that the proportion of aged persons in the population steadily increases the number of home helps required to meet the demands made upon them by this section of the community will also increase.

Assessment of the need for help is a matter given very careful consideration by the Organizer and her two Assistants in their co-ordination of the service. They visit the homes of those requesting help, recruit staff, allocate duties to them, and exercise general supervision. During the year they made 4,851 visits and 1,020 interviews were conducted in the Town Hall.

Recruitment of helps was more difficult since fewer applicants were willing to take up part-time employment; it is thought that this was mainly from financial reasons since in certain trades less overtime has been required and many wives taking up work to augment family incomes have needed full time employment. Nevertheless, careful selection of staff has enabled a high standard of service to be maintained.

Although they are essentially practical working women the helps are more than ordinary domestic workers for in many cases they are called upon to assume temporary responsibility for households where the mother has been incapacitated through illness or accident. They must also be prepared to take full domestic charge for the seriously ill and to have initiative as well as kindness and tact. Special qualities are often called for from home helps assisting problem families and their efficiency and understanding not infrequently prevents the break-up of the family unit.

Towards the end of the year the Health Committee gave authority for courses to be arranged, in conjunction with the City's Domestic and Trades College, to provide training and guidance on the many difficulties newly engaged home helps are likely to encounter in the course of their duties and the progress of home helps attending these courses, which commence in 1961, will be followed with interest.

As in previous years the night sitting service has been of great value where help has been needed to relieve relatives from the strain of caring for someone so ill that attention is required twenty-four hours a day. The service has ensured that the patient without relatives has not been left alone as would have been the case had there been no home help to remain on duty during the night. The night-sitting service was requested on twenty occasions and it is noteworthy that although the notice given to the volunteer help was invariably short, never was the help refused to attend on account of disturbance to her own personal arrangements.

The following case histories are interesting as they illustrate some of the many situations that home helps are required to deal with in the course of their duties:—

- (1) A young mother had suffered a cerebral hæmorrhage following the birth of her third child and a certain degree of paralysis in her right arm and leg made the care of her baby and family very difficult. The provision of a full-time home help gave valuable assistance and gradually, as the mother improved the amount of help was decreased, until after four months the family was able to dispense with her services.
- (2) An old man who had allowed himself to become very neglected was adamant in his refusal to accept hospital treatment. He appealed so eloquently to be allowed to remain at home that it was decided to persuade him to accept the services of a home help in an endeavour to improve his health and the poor conditions under which he was living. The experiment proved very successful as the help and her charge became firm friends and his health improved greatly with regular meals and a reasonably comfortable home. Eventually a young couple agreed to share his home and to look after him and so the need for help ceased. In this case the efforts of the home help obviated the need for the old man to be compulsorily removed to hospital.



- (3) On another occasion a help attended a lady who had had a neurological operation followed by treatment in a psychiatric unit. She had been away from home for a year and was finding it very difficult to adjust herself to normal conditions, but the services of a part-time help gave her confidence and she found that normal household tasks, shopping and meeting people no longer alarmed her as long as she had her help to guide her and give her practical support. Before long the help will have completed her task and will be moved on to other work.

### *Staff employed*

- (i) Number of Domestic Help Organizers (including Assistant Organizers) employed at the end of the year:—

(a) Whole-time—One Organizer and two Assistant Organizers

(b) Part-time—Nil.

- (ii) Number of Domestic Helps employed at the end of the year:—

(a) Whole-time 101

(b) Part-time 187

(c) Whole-time equivalent of (b) . 93½

## FAMILY WELFARE SERVICE

The Family Welfare Service has been directly administered by the Health Committee since the 1st April, 1960. The service, which was established by Lady Gertrude Jefferson in 1948, had previously operated as a voluntary organization, financed by the Nuffield Provincial Hospitals Trust and by a grant from the Manchester City Council under Section 28 of the National Health Service Act, 1946.

The service was set up with the following objects:—

- (1) To strengthen the idea of responsibility in the home by seeking to prevent the break-up of marriages and the alienation of children from their parents.
- (2) To promote the adjustment of unhappy and childless marriages
- (3) To deal with adolescent and similar personal difficulties.

Sessions were continued at the Northenden maternity and child welfare centre and at the Darbshire House health centre. It is proposed that sessions shall be arranged as soon as possible at a centre in the north of Manchester for the convenience of residents in that part of the City.

Lady Margaret Platt, M.B., CH.B., D.P.M., has exercised supervision of the service and the Medical Officer of Health is indebted to her for the following report:—

The year 1960, has especial significance for the Staff because in April, the Family Welfare Service was officially taken over by the Manchester Corporation. This has been gratifying to all of us, not only because of the sense of security it has provided, but because of the possibilities of expansion within the Municipal Health Services that it offers. Although the Service was started with the idea of relieving existing emotional problems its value as a preventive service against future mental ill-health, particularly in children involved in their parents' difficulties, has become increasingly clear. The Staff, therefore, welcome the opportunity of working in closer contact with the Maternity and Child Welfare Centres.

The experiment of accepting four doctors from the Maternity and Child Welfare Service as trainees has been successful. Each doctor now carries cases of her own and all four doctors meet the psychiatrist and psychiatric social worker each week—and less frequently, the whole staff—for case discussions. It is hoped soon to start a new Centre more conveniently placed for North Manchester residents.

In the analysis of the cases seen during the year, it will be noticed that the number of new cases referred is slightly less than in the preceeding year. This is probably due to the fact that since the take-over in April we have accepted only Manchester cases whereas before some of our cases came from outlying districts.

Dr. Oldham has been obliged for family reasons to give up the Monday evening session. We were very sorry to lose her and are glad that she still attends the Wythenshawe centre.

A booklet describing the work of the centre during the first ten years of its existence has been prepared and is now being printed. It pays tribute to our founder Lady Jefferson and to all who have helped to make the Service possible. The booklet is not for general distribution but we hope that copies will be sent to every Medical Officer of Health and to workers in the field of Mental Health. The money to pay for this publication had been set aside from the Nuffield Grant.

Analysis of the cases seen during 1960:—

*Total number of cases seen 297.*

Of these, 113 were old cases carried over from the previous year. There were 184 new cases of which 74 were male and 110 female. 155 were married—29 were single (17 female and 12 male).

*Total number of interviews: 1,320. Ranging from 38 to 1 in a given case*

An analysis of the sources of referral shows that by far the largest number have come from General Practitioners (84). The next largest single source of referral has been from the Health Visitors (22). Several cases have been referred by various social services though there has been a significant drop in the number of cases sent by the Marriage Guidance Council.

The reasons for referral have been similar to previous years. Marital disharmony is the commonest complaint and difficulties with children come second on the list. Many of these people are maladjusted and immature; others suffer from neurosis, depression or anxiety states. A few cases were referred because of sexual aberrations including frigidity.

## VENEREAL DISEASES

A health visitor is seconded to the Regional Hospital Board to deal with considerable amount of social work and contact tracing which is necessary in the field of venereal disease. In order to trace defaulting patients and persuade them to return to the clinic, much time and effort are required, and skill and tact are essential to success in tracing contacts.

A total of 365 visits were paid to contacts and defaulters from St. Luke's Clinic, the Manchester Royal Infirmary and Hope Hospital, Salford.

Two evening sessions and one afternoon session were attended at St. Luke's Clinic and one evening session was attended each week at the Manchester Royal Infirmary.

16 contacts were traced and brought to clinic.

78 defaulters attended clinic following home visits by social worker.

365 visits were paid to contacts and defaulters.

784 female patients registered at St. Luke's Clinic, and of these:—

276 attended on their own initiative.

123 attended on contact slips issued to consort at the clinic.

191 attended at the verbal request of consort.

16 were traced and brought to clinic by social worker.

178 attended through other medical agencies.

Early infectious syphilis remains a rare disease in Manchester, but gonorrhoea continues to be a common venereal disease. 1,535 males were treated in the Manchester clinics, a reduction of 204 compared to 1959. A major factor in this improvement has been the great reduction in street prostitution in Manchester, following the introduction of the Street Offences Act in August, 1959. However, in addition to these totals, many female sources of infection were treated for gonorrhoea on epidemiological grounds. The latter part of 1960 saw the incidence of gonorrhoea rising again and the improvement in 1960, as compared to 1959, is unlikely to be sustained.

## CHIROPODY SERVICE

Ministry of Health Circular 11/59 indicated that the Minister was prepared to approve proposals by local authorities who wished to establish or, where one already existed, extend a chiropody service as part of their arrangements for the prevention of illness under the National Health Service Act, 1946, and it was suggested that, at least in the early stages, priority should be given to the elderly, the physically handicapped and expectant mothers.

Existing arrangements in Manchester included private chiropodists, certain chiropody services arranged by voluntary organizations, and the open clinic at the Manchester Foot Hospital, a National Health Service Teaching Hospital. The Health Committee wished to extend this service and certain proposals were made to enable this Department to co-operate with the Foot Hospital in the provision of increased chiropody facilities for Manchester residents. Unfortunately the Board of Governors of the United Manchester Hospitals reluctantly decided that, since in their opinion considerable expansion in the administrative field would be necessary, limitations of accommodation and staffing at the Foot Hospital made the scheme impracticable. It was therefore decided that the initial venture should be confined to the support of chiropody services already provided by voluntary organizations, with effect from 1st April, 1960.

The Welfare Services Committee provided the Manchester and Salford Council of Social Service with financial and other assistance for their domiciliary chiropody service for the aged and handicapped and it was agreed that responsibility for this should be assumed by the Health Committee. Grants to the Council of Social Service and to other voluntary organizations were made contingent upon their acceptance of the right of the Health Committee to have complete discretion as to the persons and numbers entitled to the service and the frequency of treatment. Applications for domiciliary chiropody were to be investigated by health visitors and their reports submitted to the Medical Officer of Health for consideration.

Patients receiving chiropody treatment through the voluntary organizations normally paid a charge of 2s. 6d. per treatment. The Health Committee, however, felt that a free service should be given for old age pensioners and the City Council subsequently agreed to increase the grants to allow this to be done.

At the end of the year the numbers of persons receiving chiropody treatment through the voluntary organizations were as follows:—

Domiciliary treatment	.. .. .	761
Treatment at chiropodists' surgeries	.. .. .	97
Treatment at clinics	.. .. .	262



**Sanitary Services Division**

INTRODUCTION

WATER SUPPLY

FOOD SUPPLY:

- Hygiene
- Milk and ice cream control
- Adulteration

SMOKE PREVENTION:

- Industrial
- Prior approval of the installation of furnaces
- Smokeless zones
- Recording of atmospheric pollution

HOUSING CONDITIONS:

- Clearance areas
- Re-housing: medical circumstances
- Abatement of overcrowding
- Houses let-in-lodgings
- Repairs
- Certificates of disrepair
- Improvements or conversion grants
- Common lodging-houses
- Caravan dwellings
- Canal boats

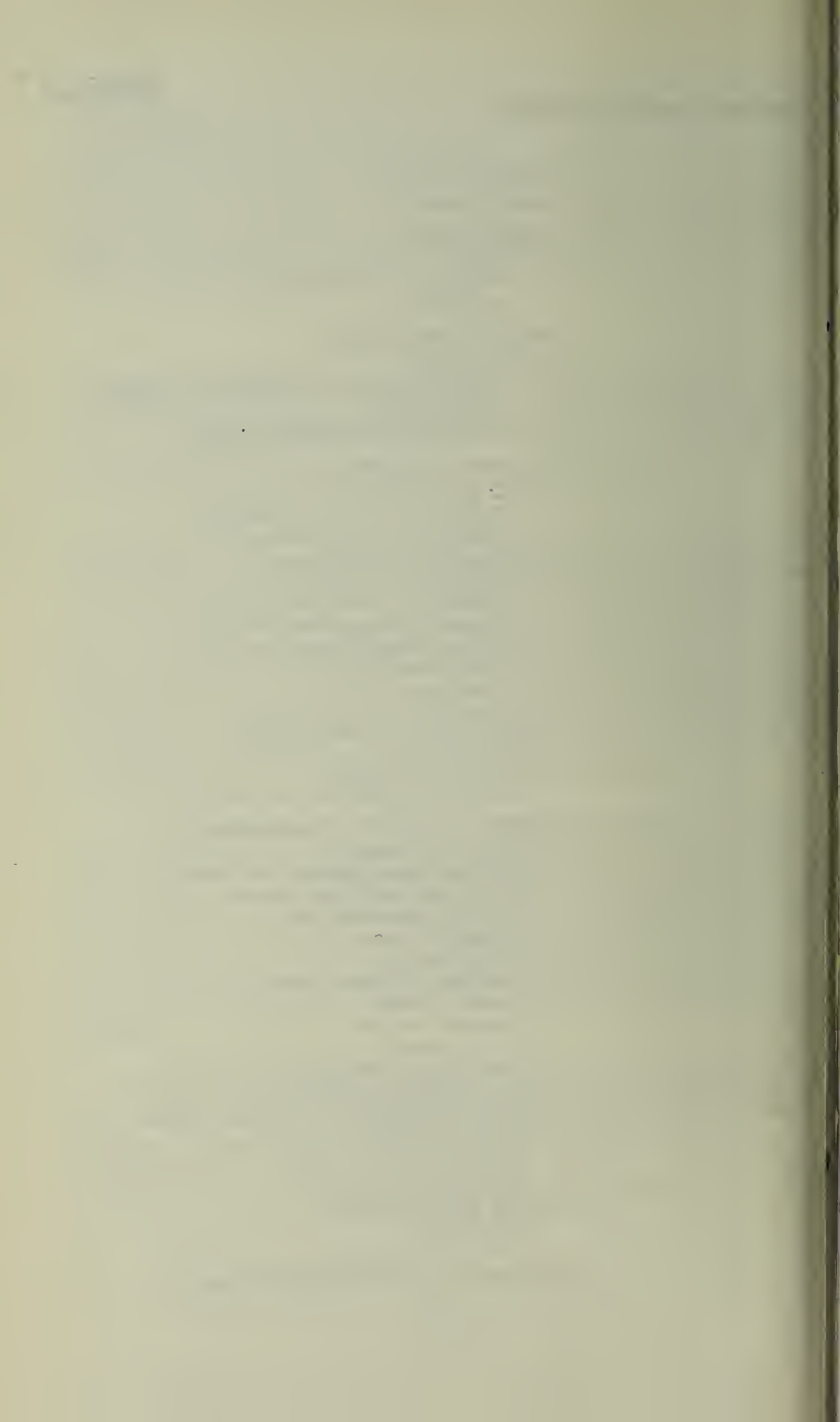
OCCUPATIONAL CONDITIONS:

- Factories
- Factory outworkers
- Shops and employment of young persons

GENERAL SANITARY CONDITIONS:

- Infectious diseases
- Drainage works (defects and repairs)
- Stopped up drains and sewers
- Sanitary accommodation
- Disposal of refuse
- Rodent control
- Eradication of insect pests
- Offensive trades
- Effluvium nuisances
- Noise nuisance
- Land used by pleasure fairs
- Rag flock and other filling materials
- Export of rags and second-hand clothing
- Swimming baths
- Establishments for massage or special treatment
- Hairdressers or barbers
- Sale of certain poisons
- Exhumations
- Public conveniences

SEWERAGE AND SEWAGE DISPOSAL



## SANITARY SERVICES DIVISION

J. Graham, M.B.E., F.A.P.H.I., F.R.S.H., Chief Public Health Inspector

More legislation of importance to the duties of the Division was enacted during the year, but it was either mainly of a consolidatory nature with relatively minor amendments to earlier provisions, such as with the Food Hygiene (General) Regulations, or as in the Noise Abatement Act, was comparable with existing provisions in a Corporation Act. The Offices Act, however, will considerably extend the Division's responsibilities when it becomes operative in January, 1962.

A considerable volume of work was maintained, in particular dealing with housing conditions, smoke control and food hygiene.

Bad housing remained the most serious problem demanding effective action. Although Manchester's record in the number of unfit houses demolished in recent years compares favourably with other large cities, this is largely by reason of the demolition of individually unfit houses and the rate of planned clearance has been totally inadequate for any significant impact to be made on the masses of unfit houses throughout the City.

The large increase in work toward the establishment of smoke control areas was indicated by more than 25,000 inspections of premises in proposed smoke control areas. The Wythenshawe Order for the first major smoke control area dealing with more than 18,000 premises was made and, after a public inquiry, confirmed by the Minister of Housing and Local Government. It will become operative on 1st November, 1961. Meanwhile the survey for other areas and orders continues.

Food hygiene in restaurants and similar food preparation premises also received increased attention and although compared with 1959 there was a reduction in the number of premises where cleanliness was not found to be maintained, the conditions at five necessitated Court proceedings.

The Department's training scheme for student public health inspectors continued most satisfactorily and six students who qualified were appointed public health inspectors in the Department. These results maintained the 100 per cent. success which has been achieved since the inception of the training scheme with Salford Royal Technical College in 1955. The national average for 1960 was 61 per cent.

It is recognized that efficient staff, in whatever capacity the members may serve, is an essential requirement for the thorough implementation of the Division's duties and it is appropriate to record appreciation of the efforts of staff for the good work which has been done.



## Inspections and visits

### Water

To obtain samples of water for chemical and bacteriological examination .. .. .	90
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### Food supply

Restaurants and snack bars .. .. .	1387
Factory canteens .. .. .	76
Bakehouses .. .. .	481
Food preparation premises .. .. .	825
Markets re sale of food .. .. .	88
Shops re sale of food .. .. .	4190
Hotels, beerhouses .. .. .	361
Hawkers of food and storage premises .. .. .	144
Dairies and milk shops for milk samples .. .. .	342
Shops for other food and drugs samples .. .. .	592
Shops, markets, etc., re sampling .. .. .	853
Farms : "Appeal to Cow" samples, etc. .. .. .	6
Dairies and milk distribution premises .. .. .	389
Pasteurizing and sterilizing plants .. .. .	2301
Hospitals, schools and day nurseries .. .. .	305
Premises used for the manufacture of ice cream .. .. .	361
Premises used for the sale of ice cream .. .. .	884
Food delivery vans .. .. .	67

### Smoke prevention

Works, etc. .. .. .	2972
Premises re survey for smoke control areas .. .. .	25171

### Housing conditions

Primary inspections of dwelling-houses (Public Health Act, 1936, Housing Act, 1957, etc.) .. .. .	19308
Subsequent inspections of dwelling-houses .. .. .	30990
Overcrowding .. .. .	1750
Re-housing (medical cases) .. .. .	1744
Applications for certificates of disrepair, etc. (Rent Act, 1957) .. .. .	620
Applications for improvement grants .. .. .	481
Houses let-in-lodgings .. .. .	578
Common lodging houses .. .. .	20
Caravan dwellings .. .. .	386
Canal boats .. .. .	111
Supervision of work in default .. .. .	6500

### Occupational conditions

Homes of outworkers .. .. .	1729
Factories .. .. .	2006
Shops re Shops Act .. .. .	3827
Other business premises .. .. .	2214

## Infectious diseases

Primary visits after notification .. .. .	1311
Subsequent visits .. .. .	109
Contacts .. .. .	399
Food poisoning .. .. .	157

## General sanitary conditions

Burial grounds, exhumations, etc. .. .. .	15
Cesspools, pailclosets, etc. .. .. .	127
Cinemas, theatres, dance and billiard halls .. .. .	112
Effluvium nuisances .. .. .	1049
Establishments for massage or special treatment .. .. .	71
Export of washed rags and second-hand clothing .. .. .	36
Hairdressers and barbers shops—(Manchester Corporation Act, 1950)	716
Hospitals, institutions, nursing homes and agencies .. .. .	102
Infirm persons .. .. .	10
Land used for pleasure fairs .. .. .	41
Land, refuse deposits, etc. .. .. .	986
Noise .. .. .	249
Offensive trades .. .. .	94
Premises for the purpose of examination of drains .. .. .	1076
Piggeries .. .. .	47
Public sanitary conveniences .. .. .	183
Rag and bone dealers' barrows .. .. .	24
Rag flock and other filling material .. .. .	28
Railway stations .. .. .	38
Rat infestation .. .. .	818
Refuse tips .. .. .	109
Sale of certain poisons—(Pharmacy and Poisons Act, 1933) .. .. .	164
Sanitary accommodation, etc., at parks .. .. .	74
Sanitary accommodation etc., at schools, churches.. .. .	138
Slaughterhouses .. .. .	26
Stables .. .. .	41
Streets, passages, roadways and footpaths .. .. .	1710
Swimming baths .. .. .	39
Verminous premises .. .. .	330
Water courses .. .. .	84
Miscellaneous .. .. .	13542

## Water supply

Thirlmere and Haweswater in the Lake District are the principal sources of the City's water supply, augmented by supplies from the Longdendale Valley. Distribution is by trunk mains and service reservoirs with booster stations maintaining the pressure in the higher level districts.

In addition to the extensive sampling and examinations undertaken by the Waterworks Department's laboratory, public health inspectors obtained 43 samples for chemical analysis and 42 for bacteriological examination from selling houses, business premises, canteens, hospitals and day nurseries,

The reports of the Public Health Laboratory on the bacteriological examinations of the samples are summarized in the following statement:—

### Bacteriological examination of water samples from consumers' premises

District	No. of samples	Samples free from coliform bacteria	Faecal coli found		Non-faecal coli found		Service reservoir	Source
			No. of samples	No. per 100 mls.	No. of samples	No. per 100 mls.		
Ancoats .. ..	3	3	—	—	—	—	Audenshaw/Denton	Haweswater Longdendale
Ardwick .. ..	2	2	—	—	—	—	Audenshaw/Denton	Haweswater Longdendale
Baguley .. ..	2	2	—	—	—	—	—	Haweswater Thirlmere
Benchill .. ..	1	—	1*	1	1*	3	—	Haweswater Thirlmere
Blackley .. ..	2	1	—	—	1	5	—	Haweswater
Burnage .. ..	1	1	—	—	—	—	Audenshaw/Denton	Haweswater Longdendale
Chorlton-on-Medlock	1	1	—	—	—	—	Audenshaw/Denton	Haweswater Longdendale
Collyhurst ..	6	4	1*	5	2*	5 : 12	Prestwich	Haweswater
Crumpsall .. ..	5	4	—	—	1	5	Heaton Park	Haweswater
Fallowfield .. ..	1	—	1*	1	1*	5	Audenshaw/Denton	Haweswater Longdendale
Longsight .. ..	3	2	—	—	1	2	Audenshaw/Denton	Haweswater Longdendale
Miles Platting ..	2	2	—	—	—	—	Godley	Longdendale
Moss Side .. ..	2	—	1*	1	2*	1 : 1	Audenshaw/Denton	Haweswater Longdendale
Moston .. ..	3	3	—	—	—	—	—	Haweswater
Newton Heath ..	6	5	—	—	1	50	Godley	Longdendale
Northenden ..	1	1	—	—	—	—	—	Haweswater Thirlmere
West Gorton ..	1	1	—	—	—	—	Audenshaw/Denton	Haweswater Longdendale

\* One sample contained both faecal and non-faecal coli:

In all instances of unsatisfactory bacteriological reports repeat samples were satisfactory.

Twenty complaints were received of the quality of the supplies to particular premises. Eight were concerned with the presence of "insects", eight with discoloration, two with concern that the condition of the water had given rise to illness but investigations and examination of samples did not support this and two referred to a taint in the water supply, one of which concerned the hot water. In the latter case it was reported that the water became slightly alkaline while standing in a geyser; the occupier of the premises and also the supplier of the canteen equipment were notified. In all cases of unsatisfactory reports further samples were taken and found to be satisfactory.

The Engineer and Manager of the Manchester Corporation Waterworks was informed of all complaints received and of the results of all chemical and bacteriological examinations of samples taken by the inspectors.

Communications were sent to the owners of 655 dwelling houses informing them that the water supply was inadequate. At 432 houses the supply was restored by the Department in accordance with the provisions of Section 25 of the Manchester Corporation Act, 1956, and the necessary work was done by the owners in the remaining cases.



The advice of the Department was sought on the limited use of well water (after chlorination) for particular trade processes at the new abattoir at Philips Park, and the use of water from this source has been agreed subject to certain precautions being observed. In connection with this project, the Corporation has applied to the Ministry of Housing and Local Government for a licence under Section 14 of the Water Act, 1945, to abstract water from an existing borehole at an increased rate.

The Engineer and Manager of the Manchester Corporation Waterworks has supplied the following information concerning Manchester's water supply:—

1. The water supply has been satisfactory both in quality and quantity.
2. Regular samples are taken for bacteriological examination of the raw water and of the treated water going into supply. Out of 1,384 samples examined during the year, 1,179 were found to be free from coliform bacteria. Typical chemical analyses are attached.
3. The Thirlmere and Longdendale supplies are treated with hydrated lime. This has been found effective.
4. It has proved impracticable to prevent access of seagulls to the large service reservoirs, but pollution from this source is dealt with by chlorination at the outlets of the reservoirs.
5. The number of dwelling-houses supplied is approximately 210,000. The total population served is 665,590 and direct supplies were afforded in all cases, no supplies being given through standpipes.

### TYPICAL ANALYSES

JANUARY TO DECEMBER, 1960

#### THIRLMERE AND HAWESWATER

Recent analyses of the waters in these lakes are as follows:—

	Thirlmere	Haweswater
pH value . . . . .	6.4	6.8
Colour as p.p.m. platinum . . . . .	8	14
Turbidity p.p.m. silica scale . . . . .	0.5	1.5
	<i>Parts per million</i>	
Total solids dried at 180°C. . . . .	28	34
Free acidity as CO <sub>2</sub> . . . . .	2	4
Alkalinity as CaCO <sub>3</sub> . . . . .	5	10
Total hardness as CaCO <sub>3</sub> . . . . .	12	16
Chlorides as Cl <sub>2</sub> . . . . .	4	6
Nitrates as N <sub>2</sub> . . . . .	0.09	0.43
Nitrites as N <sub>2</sub> . . . . .	nil	nil
Ammoniacal nitrogen as N <sub>2</sub> . . . . .	0.02	nil
Albuminoid nitrogen as N <sub>2</sub> . . . . .	0.10	0.04
Oxygen absorbed test, 4 hours at 27°C. . . . .	0.68	0.85
Silica as SiO <sub>2</sub> . . . . .	2	2
Iron as Fe . . . . .	0.04	0.04
Manganese as Mn . . . . .	0.02	0.01

The water leaving Thirlmere is treated with hydrated lime to correct the pH value and sterilized by chloramine. It is again treated with chloramine before it enters the Manchester area of supply.

The water from Haweswater is treated with chlorine only at Garnett Bridge, some 10 miles from the lake.

# THIRLMERE AND HAWESWATER DISTRIBUTED SUPPLIES

Typical analysis of the mixed supplies as taken from house taps is as follows:—

pH value .. .. .	7.0
Colour as p.p.m. platinum .. .. .	11
Turbidity as p.p.m. silica scale .. .. .	0.4
Parts per million	
Total solids dried at 180°C. .. .. .	42
Free acidity as CO <sub>2</sub> .. .. .	2
Alkalinity as CaCO <sub>3</sub> .. .. .	16
Total hardness as CaCO <sub>3</sub> .. .. .	20
Chlorides as Cl <sub>2</sub> .. .. .	5
Oxygen absorbed test, 4 hours at 27°C. .. .. .	0.83
Silica as SiO <sub>2</sub> .. .. .	1.5
Iron as Fe .. .. .	0.03
Manganese as Mn .. .. .	0.02

## LONGDENDALE SUPPLY. *Raw water*

### TYPICAL VARIATIONS

This supply, derived from a peaty gathering ground, is subject to wide seasonal variations as indicated by the following results for the past year:—

pH value .. .. .	4.0 to 6.5
Colour as p.p.m. platinum .. .. .	15 to 57
Turbidity p.p.m. silica scale .. .. .	1.8 to 7.5
Parts per million	
Total solids dried at 180°C. .. .. .	55 to 65
Free acidity as CO <sub>2</sub> .. .. .	4 to 10
Alkalinity as CaCO <sub>3</sub> .. .. .	nil to 5
Total hardness as CaCO <sub>3</sub> .. .. .	27 to 32
Chlorides as Cl <sub>2</sub> .. .. .	8 to 11
Nitrates as N <sub>2</sub> .. .. .	0.3 to 0.7
Ammoniacal nitrogen as N <sub>2</sub> .. .. .	0.03 to 0.06
Albuminoid nitrogen as N <sub>2</sub> .. .. .	0.04 to 0.10
Oxygen absorbed test, 4 hours at 27°C. .. .. .	0.75 to 3.80
Silica as SiO <sub>2</sub> .. .. .	8 to 11
Iron as Fe .. .. .	0.17 to 0.44
Manganese as Mn .. .. .	0.07 to 0.15

This supply is sterilized by chloramine, followed by fine screening and neutralization with hydrated lime to correct the pH value for distribution.

## LONGDENDALE AQUEDUCT SUPPLY. *Taken at Godley reservoir outlet as entering distribution system.*

### TYPICAL ANALYSES

	Date .. .. .	Jan. 4th	June 21st	Dec. 12th
	Lab. No. .. .. .	6542	6751	7101
pH value .. .. .		7.0	7.0	8.4
Colour as p.p.m. platinum .. .. .		30	15	57
Turbidity p.p.m. silica scale .. .. .		4.6	2.3	7.5
		Parts per million		
Total solids dried at 180°C. .. .. .		80	82	71
Free acidity as CO <sub>2</sub> .. .. .		1	1	nil
Free alkalinity as CaCO <sub>3</sub> .. .. .		nil	nil	2
Total alkalinity as CaCO <sub>3</sub> .. .. .		9	12	14
Total hardness as CaCO <sub>3</sub> .. .. .		40	42	39
Chlorides as Cl <sub>2</sub> .. .. .		10	10	10
Oxygen absorbed test, 4 hours at 27°C. .. .. .		1.87	0.75	3.79
Silica as SiO <sub>2</sub> .. .. .		8	9	8
Iron as Fe .. .. .		0.44	0.20	0.40
Manganese as Mn .. .. .		0.15	0.11	0.10

# BACTERIOLOGICAL REPORT

## LAKES, AQUEDUCTS AND RESERVOIRS

	Total number of samples	Samples free from coliform bacteria	Faecal coli present		Non-faecal coli present	
			No. of samples	No. per 100 mls.	No. of samples	No. per 100 mls.
<i>Lakes</i>						
Haweswater .. .. .	0	0	0	—	0	—
Thirlmere .. .. .	2	1	1	8	1	8
<i>Aqueducts</i>						
Haweswater .. .. .	49	45	1	8	4	1-8
Thirlmere :—						
Middlebrook strainers	18	7	10	1-25	10	1-14
Middlebrook north well .. .. .	18	17	1	1	0	—
Longdendale .. .. .	50	8	38	1-50	42	1-50
<i>Service reservoirs</i>						
Audenshaw No. 1 .. ..	49	4	42	3-1600	45	1-2500
Audenshaw No. 2 .. ..	49	3	40	1-2500	46	1-600
Audenshaw No. 3 .. ..	49	3	44	1-3500	45	1-3500
Denton No. 2 .. .. .	29	1	25	1-700	27	1-1700
Godley Inlet .. .. .	46	37	3	1	9	1
Godley Outlet .. .. .	51	36	7	1-8	14	1-13
Heaton Park .. .. .	16	0	15	11-900	16	3-900
Heaton Park .. .. .	47	26	15	1-50	18	1-50

Water from Haweswater is chlorinated in the aqueduct at Garnett Bridge, some 10 miles from the lake.

Water from Thirlmere is chlorinated in the aqueduct near the headworks and it is re-chlorinated (at Middlebrook) before it enters the Manchester area of supply. Only on one occasion were coliform bacteria found in the re-chlorinated water and that was 1 per 100 mls. of water.

Longdendale aqueduct results refer to the water prior to chlorination. The chlorinated supply enters Godley reservoir and sufficient chloramine is added to maintain a chlorine residual in the water leaving the reservoir for distribution.

The water leaving the service reservoirs, except Godley reservoir, is sterilized with chlorine or chloramine prior to distribution.

The Audenshaw, Denton and Heaton Park reservoirs have been very seriously polluted by gulls.



# CHLORINATED SUPPLIES PRIOR TO DISTRIBUTION

Supply	Total number of samples	Samples free from coliform bacteria	Faecal coli present		Non-faecal coli present	
			No. of samples	No. per 100 mls.	No. of samples	No. per 100 mls.
Audenshaw .. .. .	101	79	5	1-2	21	1-5
Denton .. .. .	51	45	3	1-3	5	1-3
Godley Outlet .. ..	51	36	7	1-8	14	1-1
Totals .. .. .	203	160	15	—	40	—

Of the 15 samples with faecal coli 8 contained only 1 coli, 5 contained 2 or 3 and the other 2 samples had 5 and 8 coli per 100 mls.

Of the 40 samples with non-faecal coli, 30 contained only 1 coli, 9 contained 2 coli and the remaining sample contained 13 coli per 100 mls. of water.

# CHLORINATED SUPPLIES ON DISTRIBUTION

Supply	Total number of samples	Samples free from coliform bacteria	Faecal coli present		Non-faecal coli present	
			No. of samples	No. per 100 mls.	No. of samples	No. per 100 mls.
Audenshaw or Audenshaw + Denton ..	407	349	14	1-13 <i>a</i>	55	1-35
Godley .. .. .	185	157	11	1- 5 <i>b</i>	27	1-50
Haweswater .. .. .	57	51	3	1	5	1- 3
Heaton Park .. .. .	212	155	17	1- 5 <i>c</i>	55	1-50
Prestwich .. .. .	108	102	1	8 <i>d</i>	6	1- 8
Thirlmere + Haweswater	415	365	12	1-13 <i>e</i>	50	1-35
Totals .. .. .	1384	1179	58	—	198	—

The coliform bacteria found in the distributed supplies were derived from a growths in deposits in the mains. The samples with the high counts were due to localized mains disturbances and repeat samples were generally satisfactory. On the same dates as the 205 samples with coli were taken, 338 samples free from coli were also taken.

Of the 58 samples with faecal coli present, 34 samples (58·6 per cent.) contained 1 coli, 2 samples (3·5 per cent.) contained 2 coli, 20 samples (34·5 per cent.) contained 3 to 8 coli, and 2 samples (3·5 per cent.) contained 13 coli per 100 mls.

Of the 198 samples with non-faecal coli present, 119 samples (60·1 per cent.) contained 1 coli, 8 samples (4·0 per cent.) contained 2 coli, 47 samples (23·8 per cent.) contained 3 to 8 coli, 17 samples (8·6 per cent.) contained 11 to 25 coli, and 7 samples (3·5 per cent.) contained 35 to 50 coli per 100 mls.

# NOTES ON INDIVIDUAL SUPPLIES

(a) One hundred and thirty-six (136) samples free from coli were taken on the same dates as the 58 samples with coli.

Of the 14 samples with faecal coli, 9 contained only 1 coli per 100 mls. The remaining samples contained 3, 3, 8, 8 and 13 coli per 100 mls. respectively.

The majority of the 55 samples with non-faecal coli contained only 1 per 100 mls. Here is a summary of the coli counts.

NON-FAECAL coli	
No. of samples	per 100 mls.
41	1
5	3
3	5 or 8
3	11-17
3	35
Total	55

- (b) Thirty-six (36) samples free from coli were taken on the same dates as the 28 samples with coli.

Faecal coli were found in 11 samples and 5 of these contained only 1 coli per 100 mls. The remaining samples contained 3 to 5 coli per 100 mls.

The non-faecal coli counts were as follows :—

NON-FAECAL coli	
No. of samples	per 100 mls.
14	1
1	2
7	3-8
4	25
1	50
Total	27

- (c) Fifty-two (52) samples free from coli were taken on the same dates as the 57 samples with coli.

Faecal coli were found in 17 samples and 10 of these contained only 1 coli per 100 mls. The remainder contained 3, 3, 3, 5 and 5 per 100 mls. respectively.

The samples with non-faecal coli present were as follows:—

NON-FAECAL coli	
No. of samples	per 100 mls.
21	1
25	2-8
3	13
5	25
1	50
Total	55

- (d) This supply is relatively free from aftergrowth trouble. On one occasion, 8 faecal plus 8 non-faecal coli per 100 mls. were found in one sample, due to a disturbed main condition. The repeat sample showed only 1 non-faecal coli per 100 mls. The reservoir water at that time was coli-free even before chlorination and distribution. The remaining 5 samples contained 1 non-faecal coli per 100 mls. each.

- (e) One hundred and eight (108) samples free from coli were taken on the same dates as the 50 samples with coli.

Faecal coli were found in 12 samples and 7 of these contained only 1 coli per 100 mls. The remaining 5 samples contained 2, 2, 8, 8 and 13 coli per 100 mls. respectively.

The samples with non-faecal coli present were as follows :—

No. of samples	NON-FAECAL coli per 100 mls.
34	1
12	2-8
1	13
1	20
2	35
<hr/>	
Total 50	
<hr/>	

## GENERAL

Chlorination of all water supplies has been maintained throughout the year.

Aftergrowth of coliform bacteria has occurred in deposits in the mains, especially during the warmer months of the year. As in previous years, coliform bacteria from mains deposits have appeared in the supplies. Disturbances in mains have caused a few samples to contain high coliform counts, essentially non-faecal types.

The samples with coliform bacteria showed that 59 per cent. of those showing faecal coli contained only 1 per 100 mls., and of the samples showing non-faecal coli, 60 per cent. contained only 1 coli per 100 mls. and 88 per cent. contained less than 10 coli per 100 mls. These refer to samples taken from house taps.

The general water supply, the water entering the distribution system as well as the distributed water, has given the following results :—

Total number of samples.. . . .	1,587	
Samples free from all coli in 100 mls.. . . .	1,339	84.4 per cent.
Samples free from faecal coli in 100 mls. . . . .	1,514	95.4 per cent.
Samples free from or containing only 1 faecal coli per 100 mls. . . . .	1,553	97.9 per cent.
Samples free from or containing not more than 2 faecal coli per 100 mls. . . . .	1,560	98.3 per cent.
Samples free from or containing not more than 3 faecal coli per 100 mls. . . . .	1,573	99.1 per cent.

The bacteriological quality of the distributed water supply has been maintained at a very satisfactory standard throughout the year despite the pollution of the service reservoirs.

## FOOD SUPPLY

Regulations dealing with the safety and purity of food were consolidated and amended during the year. The Food Hygiene (General) Regulations, 1957, replaced those of 1955 to 1957, the provisions of which, however, were re-enacted subject to a number of amendments which clarified in particular the meaning of different terms, including "catering business", "meat", "handling of food" and "the person carrying on the food business".

The Food Hygiene (Docks, Carriers, etc.) Regulations, 1960, came into operation on 1st November except for certain requirements relating to the possible alteration of premises or equipment, which were deferred until 1st May 1961. These regulations deal with the hygienic handling of food at docks, warehouses, cold stores, carrier's premises and other special types of premises not previously the subject of control by the earlier Food Hygiene Regulations.



In addition to these regulations, codes of practice on hygiene in the handling of food were published by the Ministry of Health and the Ministry of Agriculture, Fisheries and Food with the approval of the Food Hygiene Advisory Council. These correspond with earlier codes relating to meat.

The Arsenic in Food (Amendment) Regulations, 1960, as from 14th December permitted an increase by weight of arsenic in brewer's yeast intended for use by manufacturers in the production of yeast and yeast products from the limit of 2.0 parts per million prescribed by the 1959 Regulations to a new maximum of 5.0 parts per million.

The Milk (Special Designation) Regulations, 1960, replace and consolidate with some amendments all the previous separate regulations relating to designated milks. They become fully operative on 1st January 1961; changes in respect of prescribed tests of samples taken by the Ministry of Agriculture, Fisheries and Food and the granting of producer licences by the Ministry came effective on 1st October, 1960.

Frequent inspection of all food premises to secure the observance of adequate standards are clearly important and it was possible to direct increased attention to this work: 13,652 inspections were made. At 721 premises there were deficiencies in the structure or equipment and at 234 premises cleanliness was not satisfactory. In each case the unsatisfactory conditions were remedied promptly following verbal or written cautions. The availability of a poster concerning the necessity for handwashing after use of the sanitary convenience was appreciated by managements.

The nature of contraventions of the Food Hygiene Regulations at five catering businesses necessitated formal proceedings, and fines totalling £ 8 17s. 6d. were imposed by the City Magistrates' Court.

96 incidents of illnesses attributed to food poisoning were investigated and involved 16 outbreaks (with 142 cases) and 78 single cases. Of the total number of 20 cases, 92 were notified and 128 otherwise ascertained and in addition 11 symptomless excretors were discovered. In 181 of the cases the causal organisms were identified and the details are summarized in the schedule contained in the epidemiology section of the report.

Hawkers of food and their storage premises are subject to the registration provisions of section 41 of the Manchester Corporation Act, 1946, and at present 696 food hawkers and 136 premises are so registered. Four persons were cautioned in respect of unsatisfactory conditions of barrows or storage premises but the conditions were promptly remedied and it was not necessary to institute legal proceedings.

#### Milk and ice cream control

To ensure the adequacy of hygienic standards of milk and ice cream for sale in the City the supervision of their treatment, manufacturing processes and distribution was maintained by the inspection of premises, equipment and methods used by the submission of samples to the Public Health Laboratory for examination.

## *Dairies*

The general standards of cleanliness and maintenance of the premises and equipment was found to be satisfactory in the course of more than 3,000 visits made, and it was not necessary to institute any legal proceedings to secure compliance with the Milk and Dairies Regulations.

Routine visits were supplemented at least once each month by a detailed inspection and check of the 10 licensed pasteurizing plants and six license sterilizing plants. The efficiency of these plants is indicated by the high percentage (99.8) of satisfactory results obtained on samples of the processed milk taken at the dairies and on the road whilst the milk was in course of delivery to hospitals, schools, day nurseries and the general consumer. 86 such samples were taken and with two exceptions (0.2 per cent.) all samples satisfied the prescribed tests. The two exceptions failed the phosphatase test which assesses the efficiency of the heat treatment of milk.

Subsequent investigations showed that the plants at the two dairies concerned were operating efficiently but the circumstances at one of the dairies indicated that a failure had occurred in the instrumentation of the plant on that particular day. This plant has since been withdrawn from use.

In the latter quarter of the year two licensed pasteurizing plants closed and the premises continued in use for the storage and distribution of bottled milk only as received from one of the licensed pasteurizing firms in the City.

The number of distributors of milk registered in the City is now 2,155 (2,143 in 1959), including 14 dairymen retailing special designated milk in Manchester from premises situated outside the City. Each distributor was issued with the appropriate licences to process and/or sell special designated milks as required by the Milk (Special Designation) Regulations, 1949.

## *Milk supply to hospitals, schools and day nurseries*

Strict supervision and regular sampling of the pasteurized milk supplied to various hospitals, schools and day nurseries in the City was maintained. The results of the examinations have shown that a uniform satisfactory standard of quality and cleanliness has been maintained and on no occasion was the milk found to contain tubercle bacilli. The results of the examinations of samples of milk as delivered to the hospitals were notified to each of the hospitals concerned.

The raw milk supplied to the Langho Epileptic Colony and one of the City dairies from the attested herds at the Langho Colony farms was frequently sampled at the Colony farms. The results of the examinations were consistently satisfactory, both as regards quality and cleanliness and in no case was there any tuberculous infection of the milk.

## *Vending machines*

There are 45 automatic milk vending machines in use situated on or adjacent to public footpaths, in large factories, on railway stations and in retail stores.

The machines dispense Tuberculin Tested milk which has been pasteurized, filled into cartons and sealed at one or other of the five larger Manchester dairies. The temperature of the milk in each machine is maintained between 35°F. to 40°F. by an electrically operated cooling unit. All the machines are

visited at least once daily for refilling by the respective dairy companies who recognize the need to ensure that no stale milk is offered for sale. The demand for milk from the machines is such that many are visited and cartons replenished twice and often three times each day. The dairy companies provide litter bins to encourage the proper disposal of empty cartons when used by consumers at the machines.

#### *General*

A small number of complaints were made to the Department during the year by members of the public regarding either milk bottles being dirty or foreign matter having been found in the milk. These cases were investigated and cautions, where required, given to the dairies concerned.

It is estimated that not less than 700,000 bottles are washed daily in the city and, although dairies are equipped with modern washing machines and employ staff solely for the inspection of washed bottles, there still remains the possibility of an improperly washed bottle reaching the public. Every opportunity is taken of urging that the utmost care should be taken by those responsible but the general public could be of great assistance in seeing that empty bottles are rinsed immediately and are not misused.

No infection attributable to milk occurred.

#### *Ice cream*

210 premises were registered for the sale of ice cream, 160 being new registrations and 50 changes of tenancy. The number of premises now registered for the manufacture and or sale of ice cream is 2,453 (2,293 in 1959). The majority of these premises are equipped with totally enclosed automatic cabinet refrigerators which sell only pre-packed ice cream. At the small number of premises from which "loose" ice cream is sold provision is made for the satisfactory cleansing and sterilizing of utensils separate and distinct from the domestic facilities.

Inspection of ice cream premises and equipment showed that the general standard of cleanliness was good and no complaint was received from the public in respect of this commodity. Of the 37 samples of ice cream taken for bacteriological examination, 36 (97.3 per cent.) were placed in Grade 1, one (2.7 per cent.) in Grade 2 and none in Grades 3 and 4 (the lowest grades.)

No infection was found or reported to the Department as being attributable to the eating of ice cream.



# Bacteriological and biological examination of pasteurized and sterilized milks

Place of collection of sample	BACTERIOLOGICAL, ETC., EXAMINATION**						BIOLOGICAL EXAMINATION FOR PRESENCE OF TUBERCLE BACILLI			
	No. of samples examined	Satisfactory		Unsatisfactory		No. of samples examined	Positive		Negative	
		No.	Percentage	No.	Percentage		No.	Percentage	No.	Percentage
Pasteurizing plant at dairy..	189	189	100.0	—	—	—	—	—	—	—
Hospitals .. .. .	156	156	100.0	—	—	154	—	—	154	100.0
Schools .. .. .	87	85	97.7	2	2.3	86	—	—	86	100.0
Day nurseries .. .. .	57	57	100.0	—	—	57	—	—	57	100.0
On road during distribution.	379	379	100.0	—	—	—	—	—	—	—
Totals .. .. .	868	866	99.8	2	0.2	297	—	—	297	100.0

\*\*OFFICIAL TEST : (1) Pasteurized and Tuberculin Tested (Pasteurized) milk to pass the phosphatase and  $\frac{1}{2}$  hour methylene blue tests.  
 (2) Sterilized and Tuberculin Tested (Sterilized) milk to pass the turbidity test.

## Food and drugs adulteration

The total number of samples of food and drugs examined was 2,955, of which 1,334 were of milk and included 6 "Appeal to Cow" samples.

629 of the milk samples were obtained from dairymen during the course of retail distribution and on delivery at hospitals, schools and day nurseries. Two of these samples did not conform to the prescribed standards and the dairy companies concerned were cautioned.

605 samples of milk were taken from farmers' consignments on arrival at dairies in the City. One of these samples was found to be substantially adulterated and legal proceedings were instituted against the producer who was fined £7 and £3 9s. costs were awarded against him. Ten samples contained slight amounts of extraneous water not sufficient to warrant proceedings and the five farmers concerned were cautioned. 52 samples also failed to satisfy the presumptive standards, but of these 15, deficient in fat, formed parts of consignments which complied with the prescribed standard for the fat content; 3, deficient in fat and solids not fat, also were parts of satisfactory consignments and were adjudged genuine by the Hortvet freezing point test, and 13 (deficient in fat with the average for the consignment being below the prescribed standard of 3 per cent., and 7 deficient in solids not fat) were objected to further formal samples which were found to be satisfactory.

94 informal samples were taken of the raw milk supplied to Langho Colony and one of the City dairies from the attested herds at the Langho Colony farm. Three of the samples were deficient in fat but formed parts of consignments of which the average fat was satisfactory and complied with the prescribed standard. Two were deficient in fat and solids not fat, but in each case formed part of a consignment of which the average fat was satisfactory and were adjudged genuine in relation to solids not fat on the Hortvet freezing point test.

1,620 samples of other food and drugs were procured and submitted to the Public Analyst. Of these 750 were formal samples and 870 were informal. 1,000 were of pre-packed foods and in accordance with the procedure of the Act, notifications of the formal sampling of such were sent to the manufacturers or packers. 25 of the samples (8 formal and 17 informal) were found to be adulterated or otherwise irregular in relation to requirements of the Food and Drugs Act.

The irregularities were dealt with in the following manner:—

Samples of celery salt (2), pickles, sauce and dried soup contravened the Labelling of Food Order, 1953, the ingredients not being stated on the label correctly or not stated in the quantitative order. The manufacturers or packers were cautioned and they relabelled the commodities.

Two formal samples of dried fruit contained larvae and moth webbing. The vendors were cautioned and remaining stocks withdrawn from sale.

A sample of tapioca contained a percentage of sago starch and the importer was cautioned.

The amount of butter-fat in two samples of cakes was not considered to warrant the claim "Containing Butter" and the manufacturers were cautioned. One of the manufacturers withdrew the claim; the other increased the amount of butter fat and a further sample was satisfactory.

An informal sample of "Indian Brandee" was devoid of ethyl nitrite although the formula on the label declared the presence of Spirit of Nitro Ether. The manufacturer was cautioned and a more efficient type of stopper is to be used.

Details of two informal samples of Slimming Tablets were sent to the Pharmaceutical Society for consideration as to the possibility of action by the Society on ethical or other grounds.

An informal sample of tincture of iodine contained an appreciable excess of iodine and potassium iodide, but a further formal sample procured from the same source was only slightly outside the limits of the British Pharmacopoeia standard. Further samples are to be obtained.

No action was deemed necessary in connection with a complaint of a fragment of bone found in canned meat, but an importer was notified of the presence of a large piece of bone in canned ox-tail soup.

Bread containing extraneous matter, part of a flour insect, was submitted by the purchaser and the baker was cautioned.

There were four contraventions of the Public Health (Preservatives in Food) Regulations, 1925-1958, and three contraventions of the Colouring Matter in Food Regulations, 1957, as follows:—

An informal sample of polony was found to contain preservatives but efforts to obtain a further formal sample were unsuccessful and it appears that the manufacture of this particular type of polony ceased.

Pre-packed peeled potatoes sampled informally contained preservatives. The retailer and manufacturer were cautioned and the preparation of the potatoes in this manner was discontinued.

A formal sample of beef sausage contained sulphur dioxide within the prescribed limit but without a declaration or notice of the presence of preservative at the time of sale. The vendor, who was also the manufacturer, was cautioned and was subsequently found to be complying with the Regulations.

The importer of a dried coffee extract, an informal sample of which contained preservative, was cautioned and further samples will be taken.

Two formal samples of sweets contained non-permitted colouring matter and in each case the manufacturers were cautioned and existing stocks withdrawn. Canned green beans imported from South Africa also contained non-permitted colouring matter. The importer was cautioned and further samples of this particular brand will be submitted for analysis.

#### *The Condensed Milk Regulations, 1959*

#### *Public Health (Dried Milk) Regulations, 1923 to 1948*

36 samples of condensed and dried milks were submitted to the Public Analyst for examination and the quality and labelling requirements of the Regulations were found to be complied with.

#### *Food Standards (Ice Cream) Order, 1953*

All samples of ice cream submitted for analysis complied with the prescribed standard.

The samples of food and drugs which failed to meet the requirements of the Act, Regulations and Orders are detailed in the following tabular statement.



Adulterated and other unsatisfactory samples of food and drugs and action taken

Private and informal samples					Article	Formal samples				
Adulterated or unsatisfactory	Formal samples obtained	Further samples pending	Cautioned	Pharmaceutical Society notified		Adulterated or unsatisfactory	Cautioned	Legal proceedings		
								Summonses	Fined	Amount of fines
48*	13	—	2	—	Milk .. .. .	22*	10	1	£ s. d. 7 0 0	£ s. d. 3 9 0
1	—	—	1	—	Bread .. .. .	—	—	—	—	—
1	—	—	1	—	Canned soup .. .. .	—	—	—	—	—
1	—	—	1	—	Canned vegetables .. .. .	—	—	—	—	—
2	—	—	2	—	Celery salt .. .. .	—	—	—	—	—
1	—	1	1	—	Coffee extract (dried) .. .. .	—	—	—	—	—
—	—	—	—	—	Dried fruit .. .. .	2	2	—	—	—
1	1	—	2	—	Dried soup .. .. .	—	—	—	—	—
3	—	—	—	—	Flour confectionery .. .. .	—	—	—	—	—
1	—	1	1	—	Indian brandee .. .. .	—	—	—	—	—
—	—	—	—	—	Pickles .. .. .	1	1	—	—	—
1	—	1	—	—	Polony .. .. .	—	—	—	—	—
1	—	—	2	—	Potatoes (peeled) .. .. .	—	—	—	—	—
1	—	—	1	—	Sauce .. .. .	—	—	—	—	—
—	—	—	—	—	Sausage .. .. .	1	1	—	—	—
2	—	—	—	2	Slimming tablets .. .. .	—	—	—	—	—
—	—	—	—	—	Sweets .. .. .	2	2	—	—	—
—	—	—	—	—	Tapioca .. .. .	1	1	—	—	—
1	1	1	—	—	Tincture of iodine .. .. .	—	—	—	—	—

\* Includes 33 informal and 11 formal samples adjudged genuine by average fat of consignments and Hortvet freezing point test.

## SMOKE PREVENTION

In the enforcement of the Clean Air Act the Department found that the majority of industrial or similar users of fuel were smoke conscious and endeavoured to secure the operation of their boiler plants with the minimum emission of smoke.

Following the introduction of the more stringent standards of the Dark Smoke (Permitted Periods) Regulations in June, 1958, more contravention were expected. Actually 41 were reported in the seven months from 1st June, 1958, followed by 76 during 1959 and 31 in 1960. It is regrettable, however, that the greatest single cause of excessive smoke emissions continued to be that of unskilled firing. Possibly more severe penalties would induce greater attention by offending managements to the importance of skill in the operation of boiler plants and the employment of suitably qualified stokers. The total of the penalties and costs awarded by the Court against the four firms where unskilled firing was solely responsible for the dark smoke emissions amounted to £17 0s. 0d.

A less common but none the less serious cause of smoke nuisance has been associated with the disposal of scrapped motor vehicles. The removal of saleable parts and destruction of the bulky remainder by setting fire to the car or vehicle body in the open air is quite incompatible with a clean air policy, especially with the increasing number of bodies for disposal. The Clean Air Act has enabled action against this practice and Court proceedings were instituted by the Department in two instances. One firm of car breakers in North Manchester acting on technical advice from the Department constructed an insulated incinerator large enough to contain one motor vehicle. The body is ignited with paraffin and combustion air is controlled by an induced draught fan. The smoke and other products of combustion pass through a paraffin flame to be burned before passing to the atmosphere. Successful results having been obtained from this prototype incinerator a permanent model with more accurate means of control is to be constructed. The principle of smoke destruction by means of an 'after burner' is not new and a commercial model of an incinerator constructed on this principle has demonstrated that even waste rubber can be so burned smokelessly.

On 23rd May, 1960, the Manchester (Alkali Works) Order, 1960 came into effect and transferred to the Corporation the responsibility for the operation of the Clean Air Act provisions in respect of any emissions of smoke, grit and dust from Stuart Street Power Station and the producer gas plant of the Openshaw works of the English Steel Corporation. The City Council has made application to the Minister of Housing and Local Government for such an order under section 17(2) of the Clean Air Act, 1956. In making the order the Minister considered that "a large and competent local authority employing inspectors qualified and experienced in smoke prevention and possessing the Smoke Certificate of the Royal Society of Health, or its equivalent, and having a tradition of interest and successful action in relation to air pollution problems can reasonably claim to control processes which give rise to what are essentially questions of fuel combustion."

The following statement relates to the work of the public health (smoke) inspectors under the provisions of the Clean Air Act, 1956.

#### Smoke emissions reported to the Committee

Causes of emission	Action taken		Totals
	Caution	Prosecution	
Unskilled firing .. .. .	9	4	13
Unsuitable fuel .. .. .	2	2	4
Unskilled firing and unsuitable fuel .. .. .	4	—	4
Mechanical failure .. .. .	3	—	3
Underloaded plant .. .. .	1	—	1
Lighting up from cold .. .. .	2	—	2
Insufficient air supply .. .. .	1	—	1
Open fire on land burning waste .. .. .	1	2	3
Totals .. ..	23	8	31

Total amount of penalties and costs awarded .. £25 14s. 6d.

#### Timed observations recording smoke emissions

	Number	Total amount of dark smoke in minutes
Infringements of the Clean Air Act .. .. .	31	223
Dark smoke but not infringements of the Clean Air Act ..	314	580
No dark smoke .. .. .	350	—
Totals .. ..	695	803

#### For approval of the installation of furnaces

The City Council pioneered legislation in this country on the control of industrial furnaces by obtaining powers under the Manchester Corporation Act, 1946, section 36 requiring that new furnaces must be smokeless as far as practicable. These powers although extended by section 42, Manchester Corporation Act, 1950, did not make compulsory the formal notification of intention to install furnaces. As industrialists and consultants however gradually have become more aware of the special requirements in Manchester they have co-operated voluntarily not only in respect of the installation of furnaces, but also regarding appropriate heights of chimneys to be constructed. The Department generally becomes aware of proposed installations by the submission of plans which have been deposited with the City Architect, and which indicate that some method of heating or fuel combustion will be installed.

Section 3 of the Clean Air Act, 1956, requires specified types of newly installed furnaces to be smokeless and that intention to install such must be notified to the local authority. In addition, section 10 of the Clean Air Act, 1956, requires that new chimneys, subject to certain exceptions, shall be of sufficient height. In deciding the acceptable height of such chimneys, the Department takes into account the estimated volume, velocity and temperature of the gases emitted along with the estimated percentage of sulphur dioxide contained in the effluent gases. Notices of approval of proposed chimney heights were issued in respect of ten applications.



Concerning furnaces installed in Corporation buildings the general policy required by the City Council is that the emission of oxides of sulphur shall be reduced to the minimum, and for that purpose where oil burning appliances are to be installed, only light oil with a sulphur content not exceeding one per cent. is permitted. In the case of intention to install oil burning furnaces at other premises, the Department endeavours to persuade the proposers of such schemes to co-operate with the clean air policy of the Corporation by installing oil-burning plant using oil of low sulphur content. Although, because of the higher operating costs, it is difficult to secure such co-operation in large oil burning plant, the oil to be burned in twenty-three new oil-burning installations which were officially approved comprised light oil of 35 seconds viscosity and in 5 instances 40 to 45 seconds viscosity. Thus out of a total of 42 new installations 28 were to use oil of very low sulphur content.

A summary of the fuels to be used in respect of a total of 56 formally approved installations is as follows:—

Fuel				Total installations
Oil	35 seconds viscosity	..	..	23
"	40	"	"	1
"	45	"	"	4
"	200	"	"	10
"	950	"	"	1
"	3,500	"	"	3
Gas	..	..	..	4
Coke	..	..	..	4
Anthracite	..	..	..	2
Bituminous coal	..	..	..	4
Total				56

85 other proposed new plants were dealt with informally in respect of the requirements of the Corporation.

### Smokeless zones and smoke control areas

The Manchester Corporation Act, 1946, section 35 gave legislative power to the Corporation to establish a defined central area of the City as a smokeless central area in which smoke emission from any premises would constitute an offence. This was subsequently extended into contiguous areas to cover a total area of 412 acres. The surrounding areas of sub-standard domestic premises with low residual life have however formed an obstacle to further extensions in the vicinity pending redevelopment. In the meantime, as other areas are redeveloped they are declared to be smoke control areas, so as to ensure that new buildings are smoke-free at the onset.

Following the City Council's declared policy of making the whole of Manchester virtually smoke free, the necessary survey for that purpose commenced in Wythenshawe and is continuing in a northerly direction.

The first major smoke control area, The City of Manchester (Wythenshawe) Smoke Control Order, 1960, was submitted to the Minister of Housing and Local Government and confirmed with minor modification on 23rd February 1961, the Order to come into operation on 1st November, 1961. The modifications refer to specified coal-burning industrial type plant and the permissive use of kindling sticks and paper in premises without a gas supply.

There were 420 objections to the order but no evidence in support of the objections was given at the public inquiry, which was held on 14th December, 1960.

In accordance with the practice of the City Council in the establishment of smoke control areas on the housing redevelopment of clearance areas, a smoke control order relating to the Bradford Road area, has been submitted to the Minister of Housing and Local Government. The order deals with an area approximately 26 acres and relates to a few surviving premises with a residual life of more than 15 years and 725 new dwellings.

The survey of the remainder of the Wythenshawe area between the Altrincham-Stockport railway line and the River Mersey has been completed and the necessary consultation with the Chairman of the Regional Fuel Advisory Committee is to take place preparatory to the City Council being recommended to make a smoke control order which will make the whole of Wythenshawe subject to smoke control orders. The extension order will relate to an area of approximately 3.4 square miles containing 8,988 properties.

Since the establishment of the first smokeless zone in the City centre in 1952 the following orders made under the Manchester Corporation Act, 1946, and the Clean Air Act, 1956, have been confirmed by the Minister of Housing and Local Government.

Designation as in the Order	Date of confirmation of the Order	Operative date of Order	Acreage	Number of premises
Manchester Corporation Act, 1946. Section 35. Smokeless Zone in the Central area of the City	6th December, 1950	1st May, 1952	104	910
Manchester Corporation Act, 1946. Section 35. Smokeless Zone (Extension of Smokeless Zone) Order, 1953	30th June, 1954	1st May, 1955	130	516
Manchester Corporation Act, 1946. Section 35. Smokeless Zone (No. 1) Order, 1954	26th October, 1954	1st May, 1955	53	160
Manchester Corporation Act, 1946. Section 35. Smokeless Zone (No. 2) Order, 1954	26th October, 1954	1st May, 1955	125	690
Manchester Corporation Act, 1946. Section 35. Smokeless Zone (Ridgway Street, Ancoats) Order, 1954	28th January, 1955	1st August, 1955	19.3	443
Manchester Corporation Act, 1946. Section 35. Smokeless Zone (Mitchell Street, New Cross) Order, 1954	28th January, 1955	1st August, 1955	3.3	80
Manchester Corporation Act, 1946. Section 35. Smokeless Zone (Palmerston Street, New Cross) Order, 1954	28th January, 1955	1st August, 1955	5.33	93
Manchester Corporation Act, 1946. Section 35. Smokeless Zone (Chapel Street, Ardwick) Order, 1954	28th January, 1955	1st August, 1955	3.6	81
Manchester Corporation Act, 1946. Section 35. Smokeless Zone (Tipping Street, Ardwick) Order, 1954	28th January, 1955	1st August, 1955	1.5	36
Manchester Corporation Act, 1946. Section 35. Smokeless Zone (Bordley Walk, Baguley) Order, 1956	17th September, 1956	1st April, 1957	2.78	59
Manchester Corporation Act, 1946. Section 35. Smokeless Zone (Royle Green, Northenden) Order, 1956	17th September, 1956	1st April, 1957	10.63	193
Manchester Corporation Act, 1946. Section 35. Smokeless Zone (Miles Platting) Order, 1957	27th September, 1957	1st April, 1958	26.5	686
Manchester Corporation Act, 1946. Section 35. Smokeless Zone (Ancoats) Order, 1957	27th September, 1957	1st July, 1958	29.7	615
Manchester Corporation Act, 1946. Section 35. Smokeless Zone (Harpurhey) Order, 1957	27th September, 1957	1st November, 1958	8	202
Manchester Corporation Act, 1946. Section 35. Smokeless Zone (St. George's, Hulme) Order, 1958, under the Clean Air Act, 1956	29th April, 1958	1st November, 1958	43	757
Manchester Corporation Act, 1946. Section 35. Smokeless Zone (Wythenshawe) Order, 1960	23rd February, 1961	1st November, 1961	3,390	18,400

## Recording of atmospheric pollution

Many local authorities including Manchester make local measurements of air pollution, and the Department of Scientific and Industrial Research (Warren Spring Laboratory) undertakes the work of collating and publishing the observations. The purpose of the measurements is to obtain information regarding the nature, and variations in pollution and to assist in assessing action necessary to preserve or improve the amenities in any particular area. In addition, they may indicate the long term effects of smoke control areas or demonstrate the necessity for the establishment of such areas.

Smoke consists of very fine particles which settle very slowly and remain airborne for long periods. They mainly comprise carbonaceous matter derived from the volatile matter in the fuel.

Ash or grit in the atmosphere usually exist as relatively coarse particles and are mainly derived from the burning of solid fuel in industrial plant. Being heavier than air, they normally settle in the vicinity of the source from which they are emitted.

Most of the sulphur in fuels is discharged into the atmosphere in the form of sulphur dioxide. Some of this gas may combine with water to form dilute sulphurous acid. Sulphuric acid mist may also be produced.

For the purpose of the measurements of these pollutants the standard methods used by local authorities are the deposit gauges for deposited matter; the lead peroxide instrument for sulphur dioxide; and the volumetric apparatus for smoke and for sulphur dioxide.

The deposit gauge collects rainwater and solids which fall by gravity into the collecting bowl and thence into a bottle to be removed monthly for analysis.

The lead peroxide instrument consists of a cylinder coated with lead peroxide and placed in a louvered box, which protects it from rain but allows free circulation of air. The cylinder is normally exposed for a month during which time the sulphur dioxide reacts with lead peroxide to form lead sulphate. The analyst expresses the results in milligrams of sulphur trioxide collected each day per 100 sq. cm. of standard lead peroxide. Unlike the volumetric method, this does not give the amount of sulphur dioxide per unit volume of air, its chief use being to give some indication of the pattern of oxide of sulphur pollution around particular sources.

The Volumetric Smoke and Sulphur Dioxide Apparatus measures smoke by drawing a measured quantity of atmospheric air through a filter paper and the blackness of the stain on the filter paper is correlated with the amount of pollution in the sampled air. This filtered air is then passed through a desiccator bottle containing hydrogen peroxide in which the sulphur dioxide is converted into sulphuric acid. The results are expressed as a daily average of sulphur dioxide in parts per 100 million. Where necessary, the smoke filter can be used apart from the volumetric sulphur dioxide apparatus for the sole purpose of measuring smoke concentration.

The Department of Scientific and Industrial Research is to carry out a national survey of atmospheric pollution, and the measurement will be confined to the use of the volumetric smoke and sulphur dioxide apparatus. 10 towns including Manchester have been selected and daily measurements of smoke and sulphur dioxide will be made in each of the following types of districts: residential with a high population density; residential with a low population density; industrial; commercial; and a smoke control area.



Seven deposit gauges are maintained by the Corporation within the City. For the purposes of comparing the pollution measured in the City with that of semi-rural district, an additional gauge was positioned at Knowle House, Handforth, in the area of the Wilmslow Urban District Council. With the increase in residential development in that vicinity however, the site ceased to fulfil its purpose and the deposit gauge has been removed to a suitable position at Styal.

The following table indicates the amount of pollution measured by the deposit gauges. As however the sources of deposited matter received are essentially local emissions, the amount collected by the gauges will not necessarily provide a reliable index of the pollution emitted to the atmosphere because of the effect of meteorological conditions on the efficiency of gauges. It has been the practice to express the pollution in tons per square mile, but it is now considered that the matter deposited in the collecting bowl cannot be regarded as accurately representative of the degree of pollution over that area and a change in the unit weight and areas quoted is contemplated. In general it would seem that even after allowing for variable factors, only the recorded weight of insoluble matter collected is of real significance.

With the object of allowing for these variations, the pollution measured is compared with an average of the five previous years. It will be noted that there is no significant variation in the average for all gauges in 1960 when compared with the previous five yearly average. In like manner sulphur pollution measured by the lead peroxide method for which there are three instruments does not indicate any significant factor. More sulphur bearing fuel is used at Monsall than Rusholme or Withington and consequently there is a higher sulphur trioxide measurement at Monsall compared with Rusholme and Withington.

#### Deposited atmospheric pollution

(Tons per square mile)

*Monthly averages together with the averages for the previous five years*

Station	Rainfall (inches)		Insoluble matter		Soluble matter		Total solids	
	1960	Five yearly average	1960	Five yearly average	1960	Five yearly average	1960	Five yearly average
Buley .. ..	2.8	2.6	4.83	4.33	3.87	4.79	8.70	9.13
Elth Hall .. ..	3.3	3.2	9.26	8.56	7.05	7.07	16.31	15.64
Elton Park ..	3.6	3.3	7.40	6.34	5.66	5.87	13.06	12.21
Monsall .. ..	3.2	2.9	9.61	9.77	7.44	7.90	17.05	17.67
Peeps Park .. ..	3.3	3.1	19.65	19.31	10.17	10.14	29.82	29.45
Rusholme .. ..	3.3	3.0	11.76	11.74	7.62	7.78	19.38	19.52
Withington .. ..	3.2	2.7	6.72	7.76	5.85	5.95	12.57	13.71
Average for all gauges .. ..	3.2	2.9	9.89	9.69	6.81	7.07	16.70	16.76

### Station at Knowle House, Handforth

Station	Rainfall (inches)		Insoluble matter		Soluble matter		Total solids	
	1960	Five yearly average	1960	Five yearly average	1960	Five yearly average	1960	Five year avera
Knowle House ..	3.0	2.6	3.40	3.39	4.29	4.36	7.69	7.77

Owing to the increasing unsuitability of the Knowle House, Handforth site due to encroachment of building development measurements were discontinued with effect from 1st October, 1960, another month's measurements were excluded due to interference with the gauges. The readings for 1960 are therefore based on eight months readings only.

For purposes of comparison in the future the gauge has now been re-sited at Styal.

### Sulphur pollution

(Measurement by the lead peroxide method)

Weight in milligrams  $\text{SO}_2$  per 100 square centimetres exposed surface per day

Monsall		Rusholme		Withington	
1960	Five yearly average	1960	Five yearly average	1960	Five yearly average
3.6	3.6	2.2	2.1	1.6	1.5

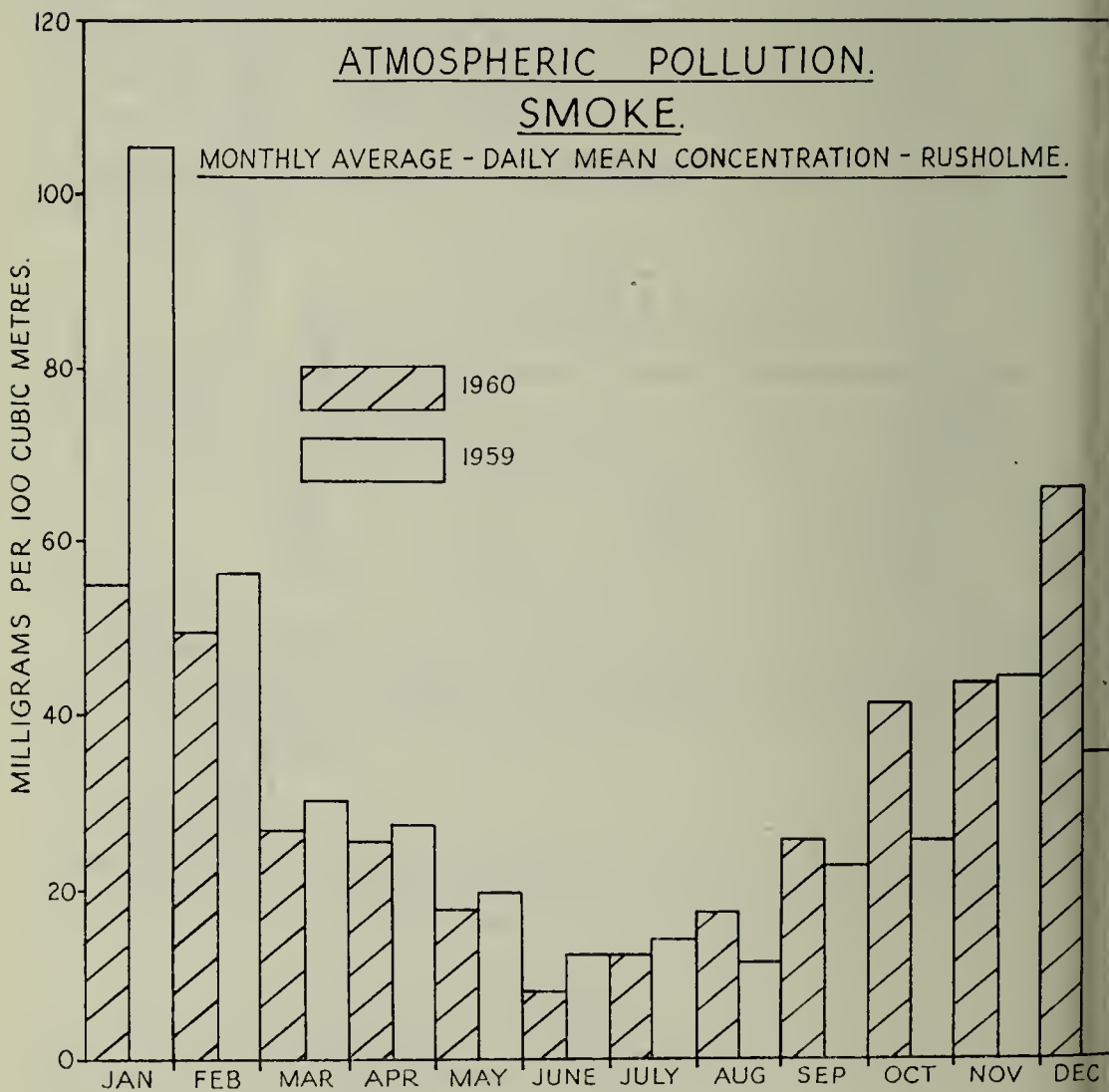
Volumetric sulphur dioxide apparatus and smoke filters are installed at the Public Analyst's laboratory at Hathersage Road, Chorlton-on-Medlock and in an office of the department in the Town Hall extension. A smoke filter is also situated at Hollyhedge Library, Brownley Green, by arrangement with the City Librarian.

The average daily figure over the year of sulphur dioxide at the Central Station (Town Hall extension) was 13 parts of sulphur dioxide per 100 million of air, compared with 10 parts at Rusholme. This is consistent with the greater consumption of fuel, per unit area, in central Manchester than at Rusholme.

The daily average of smoke pollution, in milligrams per 100 cubic metres of air was 20 at Central and 32 at Rusholme, in spite of the greater degree of fuel consumption in the Central area. The smoke pollution measured at Brownley Green was consistently less than at the Central area which can be accounted for by the low density housing at Brownley Green, and the drift of smoke pollution into the Central area from contiguous districts. The days on which the maximum and minimum concentrations of smoke or sulphur dioxide were recorded at each station did not coincide for the different stations. The highest sulphur dioxide and smoke pollution recorded occurred on the same day, 8th January, 1960, when 95.5 parts of sulphur dioxide per 100 million of air and 234 milligrams of smoke per 100 cubic metres were measured in the central area. During the London smog of December, 1952, the maximum smoke concentration recorded was 446 mg. per 100 cubic metres of air, and 134 parts of sulphur dioxide per 100 million parts of air.



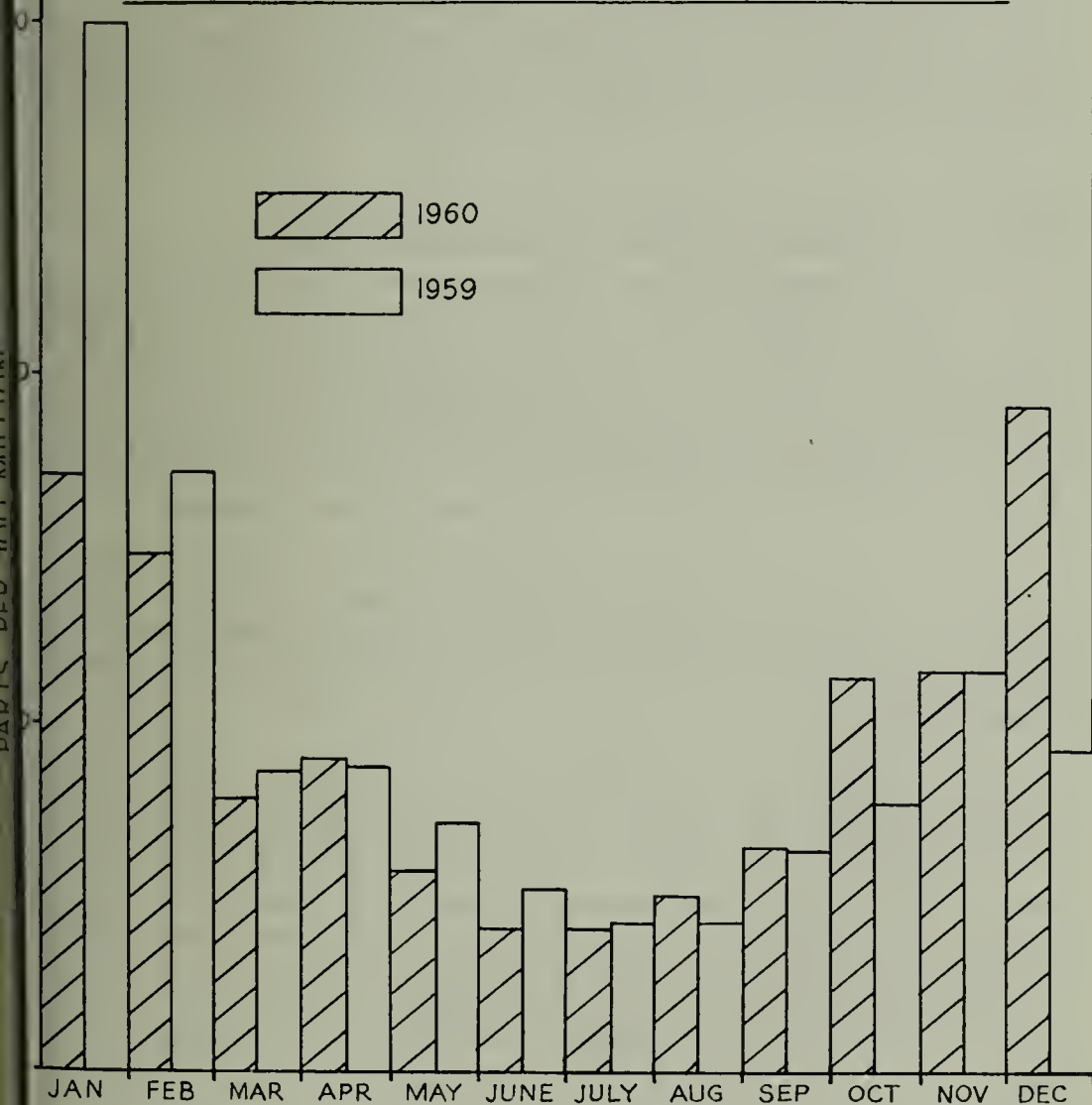




# ATMOSPHERIC POLLUTION

## SULPHUR DIOXIDE

MONTHLY AVERAGE - DAILY MEAN CONCENTRATION - RUSHOLME.



## HOUSING CONDITIONS

### Clearance Areas

#### *Bradford Road Housing Compulsory Purchase Order No. 1, 1957*

The rehousing of families from the Clearance Areas and the demolition of the vacated houses continued. 266 families were rehoused by the Corporation and 29 families found their own accommodation. 294 houses in the Clearance Areas were demolished.

#### *Collyhurst Street Clearance Order Number 2, 1957*

#### *Collyhurst Street Housing Compulsory Purchase Order, 1957*

The rehousing of the occupants of houses in the Clearance Areas commenced in January and the demolition of vacated houses began a month later. 349 families were rehoused by the Corporation and 22 families found their own accommodation. 329 vacated houses in the Clearance Areas were demolished.

#### *Rusholme Road Clearance Orders Numbers 1, 2 and 3, 1959*

#### *Rusholme Road Housing Compulsory Purchase Order, 1959*

Following the making of the above-mentioned Orders on the 26th May 1959, and their submission to the Ministry of Housing and Local Government, objections were lodged in respect of 256 houses included in the Compulsory Purchase Order. The Ministry's Inspector (Mr. D. I. Pryde, A.R.I.B.A.) conducted a local public inquiry on the 10th to 19th February, 1960, and subsequently visited the areas. The Minister's decision is awaited. Thirteen structurally dangerous and unfit houses included in the Compulsory Purchase Order were demolished and seven families were rehoused by the Corporation.

No objections were received in respect of Clearance Order Number 3 and the Minister confirmed the Order on the 25th August, 1960. The 34 premises included in the Order were acquired by the Corporation under the provisions of the Manchester Corporation Act, 1958, and subsequently demolished. 32 families were rehoused by the Corporation and one family found its own accommodation.

All the families from the houses included in Clearance Orders Numbers 1 and 2 were rehoused and the 11 houses in Clearance Order Number 2 were demolished during 1959. The 4 vacant houses in Clearance Order Number 3 were demolished during 1960. As all the houses included in Orders 1 and 2 were demolished by the owners under Section 31, Manchester Corporation Act, 1946, the application for the confirmation of these Orders was withdrawn.

#### *Baguley, Springfield Cottages, Clearance Order, 1958*

The three vacant houses included in the Order were demolished during the year.

#### *City Road Clearance Areas Numbers 1 to 7, 1959*

The City Council on the 6th July, 1960, determined to secure the clearance of the areas by making a compulsory purchase order.

17 structurally dangerous and unfit houses were demolished and 14 displaced families were rehoused by the Corporation.



*Morton Street, Longsight, Housing Compulsory Purchase Order, 1959*

As a result of an application for the confirmation of the Order to the Ministry of Housing and Local Government on the 13th January, 1960, and the submission of objections to the inclusion of all the 248 houses in the Clearance Areas, a local public inquiry was held on the 16th June, 1960, by the Ministry's Inspector (Mr. S. G. Bulstrode, A.R.I.B.A.). The Minister's decision awaited.

Five structurally dangerous and unfit houses were demolished and six displaced families were rehoused by the Corporation.

*Odyssey Street, Ancoats, Clearance Areas Numbers 1 to 7, 1959*

The City Council on the 5th October, 1960, determined to secure the clearance of the areas by making two Clearance Orders—Clearance Order Number 1 in respect of a portion of Clearance Area 1 (two houses) and Clearance Order Number 2 in respect of a portion of Clearance Area 3 (five houses)—requiring the owners to demolish the buildings in the areas and a Compulsory Purchase Order in respect of 264 houses remaining in the Clearance Areas, to enable the Corporation to purchase the land and themselves secure the demolition of the buildings thereon. Four houses have been omitted from the Compulsory Purchase Order as they are vested in the Duchy of Lancaster, and three houses owned by the Corporation are also excluded from the Compulsory Purchase Order. Five structurally dangerous and unfit houses were demolished and three families were rehoused by the Corporation.

*Widdale Road/Collyhurst Road Clearance Areas Numbers 1 to 19, 1959*

These areas dealing with 445 unfit houses were declared to be Clearance Areas on the 7th October, 1959, and the most satisfactory method of securing the clearance and redevelopment of the areas is under consideration.

Ten structurally dangerous and unfit houses were demolished and 13 families were rehoused by the Corporation.

*Earl Street, Longsight, Housing Compulsory Purchase Order, 1960*

On the 5th October, 1960, the Council determined to proceed to secure the clearance of the Earl Street, Longsight, Clearance Areas Numbers 1, 2 and 3 by compulsory purchase and the 406 houses in the areas were included in an Order made on the 10th October. A local public inquiry is to be held by the Ministry of Housing and Local Government on the 31st January, 1961. It is the intention of the Corporation that the demolition of the houses in the areas could be deferred under the provisions of Section 48 of the Housing Act, 1957.

*Edge Street, Collyhurst, Clearance Areas Numbers 1 to 6, 1960*

The inspection and survey of part of the Collyhurst district was completed and an official representation dated 3rd June, 1960, involving 984 houses occupied by 962 families comprising 2,982 persons, was submitted to the Health Committee and later declared to be clearance areas by the City Council.

Since the date of representation 25 structurally dangerous and unfit houses have been demolished and 32 displaced families rehoused by the Corporation.

*Fland Street, Hulme, Clearance Areas Numbers 1 to 8, 1960*

The inspection and survey of part of the Hulme district was completed and an official representation dated 6th October, 1960, involving 612 houses occupied by 576 families comprising 1,807 persons, was submitted to the Health Committee and later declared to be clearance areas by the City Council.

Since the date of representation one structurally dangerous and unfit house has been demolished and two families have been rehoused by the Corporation.

#### *Boundary Lane, All Saints, Clearance Areas Numbers 1 to 4, 1960*

The inspection and survey of part of the All Saints district was completed and an official representation dated 7th December, 1960, involving 734 houses occupied by 757 families comprising 2,355 persons, was submitted to the Health Committee.

The progress of slum clearance in the City since the first post-war Clearance Area in 1951 is shown in the appended statement.

#### *Pre-war clearance areas*

The undermentioned clearance areas represented prior to the war remain in abeyance as the Orders then made by the City Council were not confirmed by the Minister:—

<i>Clearance Area</i>	<i>Number of houses</i>
Portion of Oldham Road, New Cross..	141
Portion of St. George's .. .. .	58
Hutchins Street .. .. .	18
Enoch Street .. .. .	14
Ruth Court .. .. .	1
Monday Street .. .. .	5
Fog Lane .. .. .	5
<hr/>	
Total number of unfit houses in these areas on the 31st December, 1960 ..	242
<hr/>	

25 structurally dangerous and unfit houses included in the above areas were demolished and 17 displaced families were rehoused by the Corporation.

#### **Individually unfit houses**

##### *Housing Act, 1946, Section 11*

Four houses represented in previous years are still unoccupied and the entrances bricked up. These houses cannot as yet be demolished as such action would affect the stability of the adjoining occupied premises.

##### *Manchester Corporation Act, 1946, Section 31*

When applications are received from property owners for permission to demolish occupied houses in the City, the Corporation will not undertake to rehouse the occupant families unless the houses are found to be structurally dangerous and unfit for human habitation.

595 houses were deemed to be unfit and certified by the City Architect as structurally dangerous, necessitating the urgent rehousing of 534 families by the Housing Committee.

505 vacated houses were demolished, 474 families have been rehoused by the Corporation and 23 families found their own accommodation.





Clearance area houses







Clearance area houses

CONF  
SIST

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238

427

721

555

231

728

192

3

4

568

34

3

708



CLEARANCE AREAS

CLEARANCE AREAS	OFFICIAL REPRESENTATION				HOUSES NOT INCLUDED IN THE ORDER				HOUSES IN THE AREA ON MAKING OF ORDER		ORDER CONFIRMED BY MINISTER			NUMBER OF HOUSES DEMOLISHED			NUMBER OF FAMILIES REHOUSED BY CORPORATION		
	Date	Number of houses	Number of families	Number of persons	Demolished Prior To Order			Other	Date	Number of houses	Date	Number of houses		To 31-12-1959	During 1960	Total to 31-12-1960	To 31-12-1959	During 1960	Total to 31-12-1960
					To 31-12-1959	During 1960	Total					Included	Excluded						
Ridgway Street, 1 to 14 .. ..	5-10-1951	257	259	824	19	—	19	—	C.P.O., 16-3-1953 .. ..	238	25-3-1954	238	—	238	—	238	231	—	231
St. George's, 1 to 24 .. ..	3-7-1953	504	502	1,595	68	—	68	1	C.P.O., 27-5-1955 .. ..	435	29-2-1956	427	8	427	—	427	389	—	389
Miles Platting, 1 to 14 .. ..	16-2-1954	771	779	2,400	48	—	48	1	C.P.O., 2-8-1955 .. ..	722	18-6-1956	722	—	722	—	722	674	—	674
Mill Street, 1 to 13 .. ..	15-7-1954	570	582	1,827	9	—	9	2	C.P.O., 26-9-1955 .. ..	559	23-7-1956	558	1	554	1	555	492	—	492
Harpurhey .. ..	14-4-1955	269	269	849	35	—	35	—	C.P.O., 19-12-1955 .. ..	234	16-10-1956	231	3	231	—	231	226	—	226
Bradford Road, 1 to 9 .. ..	12-4-1956	954	998	2,942	34	—	34	—	C.P.O. No. 1, 1-7-1957 ..	728	6-3-1958	728	—	284	294	578	374	265	640
Collyhurst Street, 1 to 10 .. ..	14-7-1956	594	597	1,847	18	—	18	—	C.P.O. No. 2, 20-5-1957 ..	192	28-10-1957	192	—	22	1	23	23	—	23
									C.O. No. 1, 2-9-1957 .. ..	3	20-6-1958	3	—	3	—	3	—	—	—
									C.O. No. 2, 2-9-1957 .. ..	4	20-6-1958	4	—	—	—	—	—	—	—
									C.P.O., 2-9-1957 .. ..	569	20-6-1958	568	1	36	329	365	33	349	382
Rusholme Road, 1 to 33 .. ..	2-5-1957	1,110	1,172	3,913	58	—	58	21	C.O. No. 1, 26-5-1959 ..	4	—	—	—	—	4	4	4	—	4
									C.O. No. 2, 26-5-1959 ..	11	—	—	—	11	—	11	11	—	11
									C.O. No. 3, 26-5-1959 ..	34	25-8-1960	34	—	—	34	—	32	—	32
									C.P.O., 26-5-1959 .. ..	982	—	—	—	11	13	24	4	7	11
									C.O., 22-12-1958 .. ..	3	15-7-1959	3	—	—	3	3	3	—	3
Baguley, Springfield Cottages ..	6-6-1958	3	3	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
City Road, 1 to 7 .. ..	6-11-1958	1,057	1,035	3,119	23	17	40	—	—	—	—	—	—	—	—	—	—	—	—
Morton Street, Longsight, 1 and 2	16-2-1959	248	246	765	—	—	—	—	C.P.O., 29-12-1959 .. ..	248	—	—	—	—	5	5	—	6	6
Rodney Street, Ancoats, 1 to 7 ..	31-3-1959	294	278	905	11	5	16	—	—	—	—	—	—	—	—	—	—	—	—
Rochdale Road-Collyhurst Road, 1 to 19 .. ..	10-8-1959	445	422	1,274	5	10	15	—	—	—	—	—	—	—	—	—	—	—	—
Earl Street, Longsight, 1 to 3 ..	6-11-1959	406	405	1,161	—	—	—	—	C.P.O., 10-10-1960 .. ..	406	—	—	—	—	—	—	—	—	—
Lodge Street, Collyhurst, 1 to 6	3-6-1960	984	962	2,982	—	25	25	—	—	—	—	—	—	—	—	—	—	—	—
Rutland Street, Hulme, 1 to 8 ..	6-10-1960	612	576	1,807	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Boundary Lane, All Saints, 1 to 4	7-12-1960	734	757	2,355	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals .. ..	—	9,812	9,842	30,573	328	58	386	25	—	5,372	—	3,708	13	2,539	684	3,223	2,464	660	3,124



Manchester Corporation Act, 1946, Section 32  
 Public Health Act, 1936, Section 58  
 Manchester Waterworks and Improvement Act, 1867, Section 38  
 138 structurally dangerous, unfit houses were demolished under the provisions of the above-mentioned Acts and 59 families were rehoused by the Corporation.

Local authority owned houses certified unfit by the Medical Officer of Health  
 45 houses owned by the Corporation were found to be unfit for human habitation; 13 houses were demolished and 14 families were rehoused by the Corporation.

**Redevelopment projects—(Unfit houses)**

Bank Road 17/7  
 London Road Declaration of Unfitness Order, 1959  
 This Order, made by the City Council on the 20th July, 1959, deals with houses certified unfit for human habitation and not capable at reasonable expense of being made fit, on land which the Council were authorized to acquire in connection with the culverting of the River Medlock. The Order was confirmed by the Minister of Housing and Local Government on the 14th March, 1960, without modification and the Minister directed that payments under Section 60 of the Housing Act, 1957, be made by the City Council in respect of two well-maintained houses (licensed premises).  
 20 houses were demolished and six families were rehoused by the Corporation; two families found their own rehousing accommodation.

Acquisition of houses in advance of redevelopment  
 On the 29th April, 1959, the City Council approved the recommendation made by the General and Parliamentary Committee about the purchase and demolition of houses required by the Corporation for public projects under their statutory duties in the different fields of local government. These projects require the demolition of certain houses in advance of normal redevelopment, and before any of the unfit houses can be dealt with in the usual way under the slum clearance programme.

Where the Corporation demolish any unfit houses under such schemes they are able to obtain Exchequer Subsidy in respect of the new dwellings provided to replace unfit houses, and for this purpose it is necessary for the Medical Officer of Health to certify that the houses in question are unfit for human habitation.

At the request of the Town Clerk an inspection and survey was carried out on premises included in three Compulsory Purchase Orders made or to be made under the Education Act, 1944, authorizing the Council to acquire land for school development; the details are as follows :—

Title of Order	Number of unfit houses	Date of certification
South Hulme Secondary School Education Compulsory Purchase Order, 1960. . . . .	146	17th May, 1960
St. George's C. of E. Primary School, Education Compulsory Purchase Order, 1960 . . . . .	30	30th June, 1960
St. Augustine's R.C. Primary School, Education Compulsory Purchase Order, 1960 . . . . .	11	7th December, 1960
Total	187	



Up to the end of the year, 342 houses on land required for redevelopment have been certified unfit for habitation by the Medical Officer of Health; 84 of these houses have been demolished and 63 families have been rehoused by the Corporation.

#### *Rehousing on medical grounds*

By decision of the City Council each application for the tenancy of Corporation house is classified for inclusion on the waiting list on the degree of housing need, and for this purpose consideration is given to evidence of ill-health in the applicant or in any member of his family. To assist in the assessment of housing priority on health grounds, general practitioners and hospital authorities have been asked to co-operate by submitting to the Medical Officer of Health relevant information concerning applicant families. This procedure has functioned satisfactorily and 3,883 of these cases were handled in the Department following communications from applicants themselves, hospitals, family doctors, welfare organizations and other sources. In most cases an investigation of the existing housing conditions of applicant families is carried out by the Housing Inspectors and the supporting medical evidence is then carefully considered in conjunction with the reports.

Of the total number of cases dealt with, approximately one-third related to tenants of Corporation houses who had applied to transfer to alternative accommodation such as, for example, from temporary pre-fabricated dwellings to brick-built dwellings, from upper to ground floor flats, from flats to houses, from smaller to larger accommodation or vice versa or to move from one Corporation housing estate to another.

1,888 applications for rehousing were considered and of these 1,308 were initial applications; eight were recommended for immediate rehousing and a degree of priority was recommended in 1,140 cases. 580 applications which had been considered previously were reviewed by reason of the addition of medical evidence or changed circumstances; 10 were recommended for immediate rehousing and an additional degree of priority was recommended in 254 cases.

939 applications for transfer were considered on medical grounds, and this number 750 had not previously been brought to the notice of the Department; four were recommended for immediate transfer and a degree of priority was recommended in 668 cases. 189 cases which had been considered previously for a transfer were reviewed; two were recommended for immediate transfer and an additional degree of priority was recommended in 101 cases.

The Director of Housing is informed of the Medical Officer of Health recommendation in each case and his attention is directed to any family found to be living in overcrowded conditions.

The Department was notified of 745 families provided with alternative accommodation who had been recommended for preferential consideration on health grounds.

The number of cases brought to the notice of the Department is slightly smaller than the number dealt with in the previous year, but it is evident from the case files that very many families in the City are suffering from ill-health associated with damp, dilapidated, overcrowded and seriously unfit dwellings.

the continued delay in the rehousing of the large number of families on the Corporation waiting list who have been recommended priority on urgent medical grounds still persists and, regrettably, is likely to do so for a considerable time ahead unless there is a rapid increase in the provision of new houses in the immediate future.

### Statement of overcrowding

Since the overcrowding survey was carried out in 1936, which showed that 2.1 per cent. of the total number of families were overcrowded on the standard prescribed by Section 2 of the Housing Act, 1935 (now Section 77 of the Housing Act, 1957) it has not been practicable for the Department to undertake comprehensive surveys for the purpose of keeping up-to-date the records of the actual number of overcrowded houses in the City.

Between 1951 and 1960 the inspection and survey of 9,812 unfit houses included in Clearance Areas situated in the inner ring of the City revealed that 1.1 per cent. of these dwellings were overcrowded under the Housing Act standard.

In all cases of overcrowding brought to the notice of the Department, the Director of Housing is informed if the tenant and/or lodger families are registered for a Corporation house.

### Houses let in lodgings

The Department is aware of 1,442 houses being let in lodgings but there is no doubt that the actual number is greatly in excess of this figure.

Section 57 of the Manchester Corporation Act, 1950, provides that the consent of the Corporation shall be required to the letting of a house in lodgings where the "occupier" is not living there: 366 of these houses are registered with the Department. This requirement of consent has been of value in facilitating the supervision of conditions in "farmed" houses let in lodgings where experience has shown that there is a greater evidence of unsatisfactory conditions including the lack of proper maintenance of sanitary conveniences, sinks and drainage appliances used in common; the neglect of the lighting of common stairways and landings; the accumulation of refuse in yards; and often lack of general cleanliness of the premises.

These were requirements enforceable under the detailed byelaw provisions available in respect of all houses let in lodgings until the repeal of such byelaws by the Housing (Repairs and Rents) Act, 1954. The powers of the nuisance sections of the Public Health Act, 1936, and provisions of the Housing Act, 1957, in particular section 36, have not proved to be effective alternatives as so many of the houses let in lodgings are unfit and in potential clearance areas.

### Repairs

It was necessary to serve 11,759 preliminary and statutory notices upon owners to secure repairs at dwelling-houses in accordance with the requirements of the Public Health Act, 1936, and Manchester Corporation Acts. Court proceedings were instituted in 168 cases and 107 nuisance orders were granted with £11 in fines in respect of 3 cases and a total of £32 16s. in costs. The necessary work was undertaken by the owners in the remaining instances before the date of the proceedings. Five of the nuisance orders became the subject of further action in the Court on the owner's failure to attend to the repairs, and fines totalling £22 were imposed in 4 instances, the proceedings concerning the remaining case being withdrawn on the completion of the work required by the order.

At 554 houses, including 151 where the owners were not known, general repairs, plumbing or drainage works were carried out by the Department at the default of the owners. In addition repairs were undertaken at 54 houses at the request of the owners concerned.

The total cost of all these works, including the repair and maintenance of lengths of public sewers carried out by contractors on behalf of the Department was £9,886, of which £9,734 was recoverable from the owners: the balance of £152 in respect of public sewers under highways maintained by the Corporation was charged to the City Fund.

490 informal and 172 statutory notices were served upon owners of houses where the reinstatement or repair of boundary walls to yards was required under the provisions of section 33 of the Manchester Corporation Act, 1957. In 13 instances it was necessary to attend to the work in default of the owners and in one other case Court proceedings were instituted and the owner fined £50.

44 informal and 15 statutory notices were served upon owners of houses to require the restoration of adequate means of artificial lighting to living and sleeping rooms in accordance with the provisions of section 32 of the Manchester Corporation Act, 1958.

The reduction in the number of applications for certificates of disrepair continued; 251 were received compared with 485 in 1959 and 1,488 in 1958. 111 certificates were cancelled on the formal application of owners, the necessary repairs having been carried out, compared with 173 in 1959 and 205 in 1958.

#### *Part I—Applications for Certificates of Disrepair*

(1) Number of applications for certificates .. .. .	2
(2) Number of decisions not to issue certificates .. .. .	
(3) Number of decisions to issue certificates—	
(a) in respect of some but not all defects .. .. .	1
(b) in respect of all defects .. .. .	
(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule .. .. .	1
(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule .. .. .	
(6) Number of certificates issued .. .. .	1

#### *Part II—Applications for Cancellation of Certificates*

* (7) Applications by landlords to Local Authority for cancellation of certificates .. .. .	1
(8) Objections by tenants to cancellation of certificates .. .. .	
(9) Decisions of Local Authority to cancel in spite of tenant's objection .. .. .	
(10) Certificates cancelled by Local Authority .. .. .	

\*The 100 applications by landlords for cancellation of certificates related to:—

79 certificates which were issued under the Rent Act, 1957.

18 certificates which were issued under the Housing Repairs and Rents Act, 1954.

3 certificates which were issued under the Rent and Mortgage Interest Restriction Acts, 1920–1939.



## improvement grants

*House Purchase and Housing Act, 1959*

*Housing (Financial Provisions) Act, 1958*

*Housing Act, 1957*

Subject to prescribed conditions being satisfied either standard or discretionary grants are available to owners toward the cost of undertaking improvements at dwelling-houses.

Subject to the dwelling not being already provided with the standard amenities, there is a Standard Grant under which house owners and certain leaseholders can obtain half the cost, up to a maximum of £155, of installing the basic improvements:—

- (a) a fixed bath or shower in a bathroom (£25)
- (b) a wash-hand basin (£5)
- (c) a hot water supply (£75)
- (d) a water closet in or contiguous to the dwelling (£40)
- (e) satisfactory facilities for storing food (£10)

The local authority must be satisfied, however, that after the execution of the works specified the dwelling will be in such condition as not to be unfit for human habitation and that it is likely to remain in that condition and available for use as a dwelling for a period of not less than 15 years.

The Discretionary Grant under which up to half the estimated cost of more extensive improvements may be paid at the discretion of the Council, subject to a maximum grant of £400, and for the conversion of houses into flats a maximum grant of £400 for each flat provided.

To qualify for such grant, the estimated cost of the proposed work must be at least £100 per house or flat and the local authority must be satisfied that the house is suitable for the purpose and has a period of useful life in excess of 15 years. Further, it must be shown that when the proposed work has been done the dwelling will—

- (1) be in a good state of repair and substantially free from damp;
- (2) have each room properly lighted and ventilated;
- (3) have an adequate supply of wholesome water laid on in the dwelling;
- (4) be provided with efficient and adequate means of supplying hot water for domestic purposes;
- (5) have an internal or otherwise readily accessible water closet;
- (6) have a fixed bath (or shower) in a separate room;
- (7) be provided with a sink or sinks and with suitable arrangements for the disposal of waste water;
- (8) have a proper drainage system;
- (9) be provided in each room with adequate points for gas or electric lighting (where reasonably available);
- (10) be provided with adequate facilities for heating;
- (11) have adequate facilities for storing, preparing and cooking food;
- (12) have proper facilities for storing fuel (where required).

Applications for Standard and Discretionary Grants are dealt with by the Director of Housing and in all cases he seeks the views of the other departments concerned regarding the suitability of houses for improvement, prior to the applications being considered by the Housing Committee.

Applications for Standard Grants in respect of 228 houses (139 from owner-occupiers and 89 from owners) were referred to this Department; nine applications were, however, subsequently withdrawn.

89 houses were in such condition that they could be made fit and have a secure life of not less than 15 years and the applications were supported.

130 houses were unfit with a limited residual life, consequently the applications could not be supported.

Applications for Discretionary Grants in respect of 60 houses (33 from owner-occupiers and 27 from owners) were also referred to this Department; two applications were subsequently withdrawn; 12 were in respect of the conversion of larger type houses into flats and 46 for the modernization of older houses. 41 of the houses were found to be suitable for improvement but adverse reports had to be given in 17 cases owing to the dwellings not being suitable for improvement by reason of unfitness, bad arrangement and limited residual life.

### **Common lodging houses**

There was no change in the number of common lodging houses in use in the City nor in the accommodation available for a total of 1,325 men and 210 women.

The registration of the seven premises was renewed, four unconditionally (including one which has a limited residual life) and three subject to the execution of certain work in connection with the means of escape in case of fire.

An application was received by the Corporation for the use of a former cinema in a serious state of disrepair, as a hostel for men with no settled abode. It was also intended to use the premises for public worship. Permission was refused by the Corporation under the provisions of the Town and Country Planning Acts, 1947 to 1959.

The existing arrangement continued whereby the occupants of common lodging houses are able to attend at Monsall Clinic for general cleansing and also for the disinfection of clothing, bed and bedding: 212 lodgers made use of this service.

### **Movable dwellings**

The Manchester Corporation Act, 1956, Section 17, requires the consent of the Corporation previous to the use of any land in the City by a movable dwelling. It further requires that land used by a movable dwelling shall be covered with concrete or other suitable material and be provided with sufficient roads, sanitary accommodation, drains and sewers and a separate supply of water, to the satisfaction of the Corporation.

No application was made for the required consent and it was necessary to take action against the occupiers of 87 caravans on 13 sites in different parts of the City. In eight instances the occupiers continued to occupy the sites and Court proceedings were instituted. The occupiers of seven caravans thereupon vacated the sites and were followed by the remaining caravan dweller when an Order was made by the Court.

Generally the occupiers concerned were itinerant rag and scrap metal collectors creating most unsatisfactory and insanitary conditions in their use unsuitable sites.

Canal boats

The use of canal boats as dwellings is controlled under the provisions of the Public Health Act, 1936 and the Regulations made under the Canal Boat Act, 1908.

The number of boats now registered is 158 and 111 inspections of boats living within the City were made.

In general, the living accommodation on the boats was found to be in a good condition. Two notices in respect of minor defects in two boats were served upon the owners and were both complied with, as were the two outstanding notices from the previous year. No infectious disease was reported as having occurred in canal boats within the City.

OCCUPATIONAL CONDITIONS

Factories

Factories Act, 1937—inspection of mechanical and non-mechanical factories, etc.

Premises	Number on register	Inspections	Number of written notices	Occupiers prosecuted
Factories in which Sections 1, 2, 3, 4 and 6 are enforced by local authorities . . . . .	457	100	9	—
( Factories not included in (i) in which Section 7 is enforced by the local authority . . . . .	4607	1906	54	—
( Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises) . . . . .	140	153	—	—
Totals . . . . .	5204	2159	63	—



### Cases in which defects were found

Particulars	Defects				Number of cases in which prosecution were instituted
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (Section 1) .. ..	10	6	—	10	—
Overcrowding (Section 2) .. .. .	—	—	—	—	—
Unreasonable temperature (Section 3) ..	4	2	—	1	—
Inadequate ventilation (Section 4) .. ..	—	—	—	—	—
Ineffective drainage of floors (Section 6)	—	—	—	—	—
Sanitary conveniences—					
(a) Insufficient .. .. .	10	4	—	7	—
(b) Unsuitable or defective .. .. .	202	163	—	146	—
(c) Not separate for sexes .. .. .	15	7	—	12	—
Other offences against the Act (not including offences relative to outworkers)	21	—	21	—	—
Totals .. .. .	262	187	21	176	—

### Factory outworkers

1,786 outworkers were notified to the department by 284 firms carrying on business in Manchester. 1,216 of these outworkers resided in the city and 570 in the districts of other local authorities who were duly notified by the department. 36 outworkers resident in the city but employed by contractors outside Manchester were notified to the department by the local authorities concerned. 1,729 inspections of outworkers' houses were made and no unsatisfactory condition was reported.

Although each contractor in business in the city submitted the required list of outworkers employed by him, 53 failed to do so by the prescribed date and had to be reminded of their obligations under the provisions of section 110 (1) (c) of the Factories Act, 1937, before the necessary lists were supplied to the department.

### Outworkers resident in the City

Trades	Outworkers		
Wearing apparel .. .. .	781		
Tailoring .. .. .	111	1,013	
Overalls .. .. .	121		
Umbrellas, etc. .. .. .	63		
Household linen .. .. .	67		
Soft furnishings .. .. .	80		
Soft toys .. .. .	3		
Cartons .. .. .	26		
Total .. .. .	1,252		

**Outwork**  
(Sections 110 and 111)

Nature of work (1)	Section 110			Section 111		
	No. of out workers in August list required by Section 110(1) (c) (2)	No. of cases of default in sending list to the Council (3)	No. of prosecu- tions for failure to supply list (4)	No. of instances of work in unwhole- some premises (5)	Notices served (6)	Prosecu- tions (7)
Making apparel—Mak- ing, etc. . . . .	1,427	41*	—	—	—	—
Household linen . . . .	113	8*	—	—	—	—
Curtains and furniture hangings . . . . .	123	2*	—	—	—	—
Umbrellas, etc. . . . .	93	2*	—	—	—	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper . . . . .	26	—	—	—	—	—
Stuffed toys . . . . .	4	—	—	—	—	—
Totals . . . . .	1,786	53*	—	—	—	—

\* Lists supplied in response to requests after the prescribed date.

### **Shops, employment of assistants and young persons.**

Increased attention was given to retail and wholesale shops. An increase in the number of unsatisfactory conditions was found (59) also the absence of prescribed forms (66). Unsatisfactory sanitary conveniences (34) were most frequently recorded but unsatisfactory ventilation (three), inadequate lighting (x), inadequate washing facilities (ten) and the absence of proper facilities for the taking of meals (six) were also found. The absence of prescribed forms relating to assistants' half-holiday at 25 shops, employment of young persons nine, seats for female assistants at 28 and Sunday Trading at four, were also noted. Verbal cautions were given to the occupiers in each case and the conditions were remedied without the need for further action.

Section 53 of the Shops Act, 1950, exempts from compulsory closing on Sundays shops occupied by persons observing the Jewish Sabbath but such shops are required to close on Saturdays. 334 persons are registered under the provisions of this Section. No further application was received in 1960.

The Health Committee approved five applications for Certificates extending the closing hour for retail trade at night to 9-30 p.m. and, exemption from the need to close for a weekly half-holiday in respect of exhibitions or shows. In each case it was considered that the retail trade was ancillary or subsidiary to the main purpose of the exhibition.

## GENERAL SANITARY CONDITIONS

### Infectious diseases

1,420 notifications of the following infectious diseases were investigated by public health inspectors: acute encephalitis, acute poliomyelitis, meningococcal infection, diphtheria, dysentery, erysipelas, paratyphoid fever and scarlet fever. 399 special visits were also made to persons referred to the department as having been in contact with infectious diseases.

The Public Health (Infectious Diseases) Amendment Regulations, 1960 which became operative on the 1st December, added anthrax to the list of notifiable infectious diseases but no case was reported.

1,411 follow-up visits were made in connection with the Sabin vaccine trial of poliomyelitis vaccination.

### Drainage and sewerage work (defects and repairs)

#### *Examination of drains*

In order to determine the cause of such conditions as recurring stoppages of drains, percolations of water or offensive effluents into floor spaces or basements, subsidences in yards or passages and rat burrowing or undermining suspected to be associated with defective drainage systems it is sometimes necessary to make excavations. In such circumstances, the provisions of Section 48 of the Public Health Act, 1936, as extended by Section 34 of the Manchester Corporation Act, 1946, authorize the necessary examinations. This formal procedure was required at 199 premises and was followed by appropriate action to secure attention to defective conditions found.

#### Stopped up drains and sewers

Section 41 of the Manchester Corporation Act, 1950, ensures that immediate attention is given to stopped up drains, private sewers, waterclosets, sinks or similar appliances and 540 notices were served under this section, an increase of 80 on the figure for 1959. Choked drains were the subject of 490 of the notices representing more than 90 per cent of the total. The remaining 50 related to private sewers (30), wastepipes (14) and soilpipes (6).

Defects were remedied by the owners at 385 of the premises and by the Department at the remainder, the costs incurred being recoverable from the owners.

The repair or maintenance of lengths of public sewers is vested in the Corporation and in certain circumstances the costs incurred are chargeable to the owners of the properties concerned. In accordance with the emergency provisions of Sections 23 and 24 of the Public Health Act, 1936, as amended by Section 33 of the Manchester Corporation Act, 1946, immediate action was necessary by the Department in respect of 497 premises without advance notice to the owners. Works of repair or maintenance of lengths of public sewers concerning 126 other premises were also necessary following the service of notices under Section 24 of the Public Health Act, 1936.

#### Sanitary accommodation

Pail closets are still the only sanitary accommodation for 221 premises (including 195 houses) either because there is no sewer within a reasonable



stance of the particular properties or because the anticipated life of the property is short due to unfitness or redevelopment proposals.

21 pailclosets were demolished with the properties concerned (12 at houses) and 2 elsewhere were replaced by waterclosets; proposals for similar replacement at 14 other premises are under consideration.

Concerning temporary accommodation at building sites, waterclosets were required wherever practicable in accordance with Section 68 of the Manchester Corporation Act, 1934. Otherwise pailclosets in suitable structures were accepted until work had progressed to the point where waterclosets could be stalled.

Improvements of existing watercloset accommodation were undertaken voluntarily by the owners at 82 premises and the work approved by the department.

It was necessary to serve 460 notices under the provisions of Section 45 of the Public Health Act, 1936, requiring owners to carry out repairs to waterclosets, including the structure and fittings.

### Disposal of refuse

The Director of Public Cleansing reports that more than 80 per cent. of the refuse collected from the City is disposed of by means of controlled tipping at 7 sites and 210,311 tons of refuse were dealt with in this way. A further 4,474 tons were treated by separation and incineration; 4,875 tons by direct incineration and 8,886 tons by utilization, salvage, sales, etc.

A complaint was received of an offensive smell arising from one of the tips. Investigation by the public health inspector elicited that unsatisfactory conditions had existed from a particular deposit of trade refuse which had been dealt with by the staff at the tip, and the nuisance speedily abated.

Inspectors maintained close supervision of three tips of colliery spoil, at two of which the owners were required to increase coverage by water sprays to abate nuisance from combustion fumes. At the remaining site where, following a Court order in 1958, water spraying had been undertaken by the department in default of the owners, it was considered practicable to cease spraying as there was no evidence of combustion nor any significant temperature recorded below the surface. The risk of recurrence of combustion is such however, that the equipment is kept readily available for prompt renewal of spraying should there be any increase of temperature in the tip.

Action by inspectors secured attention to unsatisfactory conditions at 4 privately owned tips receiving trade refuse, and formal proceedings were not necessary.

In 130 instances it was necessary to serve statutory notices under the nuisance provisions of the Public Health Act, 1936, for the removal of accumulations of rubbish or offensive matter from land. In each case the nuisance was abated without further proceedings.

### Rodent control

#### *Notifications of infestation and survey of the City*

In accordance with the provisions of the Prevention of Damage by Pests Act, 1949, occupiers are required to notify any substantial infestations to the local authority and are responsible for any necessary eradication. Similarly, the Corporation is responsible for the repression of rodents on "land" in its own occupation.

As required also by this Act and to ensure as far as practicable that the City is kept free from rats and mice, a continuous survey has been maintained. For this purpose and to deal with notified infestations rodent operators are engaged under the supervision of a Public Health Inspector.

4,184 notifications of rodent infestations were received, an increase of 450 on the number received in 1959. As a result, 16,732 premises (13,662 dwelling-houses and 3,070 business premises) were visited. In the course of the continuous block survey of the City, 99,660 premises were visited.

Rat infestations were found at 2,497 premises (1,922 dwelling-houses and 575 business premises) and mice infestations at 2,372 premises (1,747 dwelling-houses and 625 business premises).

The different types of premises involved are shown in the following statement:—

TABLE I  
Nature of premises infested

Type of premises	Number of premises				Totals
	Rat infested			Mice infested	
	Internal	External	Total		
Dwelling-houses . . . . .	688	1,234	1,922	1,747	3,669
Factories, workshops, workplaces . . . . .	106	45	151	149	300
Shops . . . . .	39	24	63	44	107
Premises where food is prepared, sold or stored . . . . .	101	33	134	176	310
Warehouses . . . . .	43	3	46	47	93
Offices . . . . .	16	3	19	58	77
Restaurants, licensed premises, clubs . . . . .	27	12	39	25	64
Hospitals, welfare centres, public institutions . . . . .	13	15	28	49	77
Schools . . . . .	23	16	39	61	100
Churches . . . . .	2	3	5	1	6
Garages, wooden structures . . . . .	6	3	9	3	12
Cinemas, theatres, public halls . . . . .	5	2	7	5	12
Sewage disposal works, slaughterhouses, stables . . . . .	1	—	1	1	2
Parks, sports grounds . . . . .	1	8	9	—	9
Airports . . . . .	2	5	7	4	11
Land . . . . .	—	10	10	1	11
Tips . . . . .	—	3	3	—	3
Baths . . . . .	5	—	5	—	5
War Department Property . . . . .	—	—	—	1	1
Totals . . . . .	1,078	1,419	2,497	2,372	4,869

### *uses of infestations*

Although rodent infestations may be due to various causes, defective or used drains allowing egress of rats from infested sewers were found to be directly responsible for rat infestations in 380 premises.

A commonplace feature, especially of mice infestations, has been the neglect of occupiers of proper food storage and the lack of hygienic disposal of food waste.

Following any evidence of surface infestation associated with the drainage premises the tracing of rat burrows, the examination of the drains or sewers, and the necessary works of repair or disconnection were undertaken at the request of the Department either by the owner or where appropriate by the Corporation.

### *Termination service of the Department*

This service is available without charge in respect of dwelling-houses; business premises are treated on the request of owners or occupiers subject to the cost being recoverable on the basis of the operator's time and the material used.

The methods of treatment were in accordance with the standard guidance issued by the Ministry with the common use of the anti-coagulant "Warfarin."

3,757 premises were treated as follows:—

1,796 (47·80 per cent.) for rats.

1,961 (52·20 per cent.) for mice.

3,753 treatments were by poisoning with "Warfarin."

4 were by trapping.

In the course of these treatments 31,500 poison baits were laid, of which 16,503 (54·30 per cent.) were taken.

### *Termination by private operating companies*

Private operating companies and individuals also provide services for the treatment of infestations; this is mainly on a contractual basis with the owners or occupiers of business premises. It is neither customary nor obligatory, however, for such operators to notify the Department of the treatments given unless encountered in the course of a survey or special investigation, the Department is not informed of their activities.

### *Termination by other Corporation departments and nationalized undertakings*

Other departments of the Corporation and nationalized undertakings who report to the Department with infestations of their particular premises reported on their action to the Department. The total numbers of rats exterminated by them cannot be computed accurately but 348 dead rats were picked up.



## Extermination of rats in public sewers

This work is carried out by staff of the City Surveyor's Department who undertake a baiting routine of the sewers. Particulars of the work have been supplied by the City Surveyor and are tabulated below :—

TABLE II

Treatments	Number of manholes test baited	Number of manholes baited	Number of manholes showing signs of infestation
Balance of initial treatment—			
No. 2 maintenance .. .. .	—	1,162	351
Test bait .. .. .	1,316	—	315
No. 1 maintenance treatment .. .. .	—	3,084	895
No. 2 maintenance treatment .. .. .	—	837	341
Totals .. .. .	1,316	5,083	1,902

## Effectiveness of treatments

Where infestation is found and appropriate treatment applied, or required by the Department, surveillance is maintained until there is neither evidence of bait being taken nor other visible sign of infestation.

Infestations were eradicated at 4,664 premises, including premises where treatment had been carried forward from the previous year.

## Eradication of insect pests

The advice of the department was sought by householders and to a lesser extent by occupiers of business premises about particular infestations, mainly of cockroaches, bed bugs and fleas. Woodboring beetles and the relatively harmless golden spider beetle (ptinidæ) also caused concern to some occupiers who confused these insects with the bedbug.

The number of dwelling-houses in clearance areas found to be infested with bed-bugs was 644 (27·6 per cent.). These figures show a considerable reduction on those for 1959 (35 per cent.) and 1939 (70 per cent.).

The tenants of 96 other privately owned houses were advised on eradication of bed-bugs and measures to prevent their recurrence. 172 houses owned by the Corporation were found to be infested with bed-bugs and appropriate measures were taken by the Housing Department to eradicate infestation. That department also found it necessary to disinfest with D.D. the furniture and effects in 785 cases where the tenants were allocated Corporation houses.

Three dwelling-houses and a shunter's cabin at a steel works were satisfactorily fumigated with hydrogen cyanide by specialized contractors.

The presence of mosquitoes in a particular district was the subject of thorough investigation with especial regard to the proximity of a disused length of canal from which weeds and miscellaneous refuse were removed by canal owners.

## Offensive trades

In accordance with the provisions of Section 107 of the Public Health Act, 1936, the establishment of an "offensive trade" requires the consent of the Corporation. An Order applicable to Manchester prescribes trades, businesses or manufacturing processes which require registration as offensive trades within the City, and 14 premises are so registered.

The registration of one establishment for the treatment of animal waste was renewed for a period of six months, to expire on the 31st March, 1961.

It was necessary to institute proceedings before the City Magistrates' Court in respect of the failure of one blood processing firm to comply with a Nuisance Order.

The refusal of the Corporation to approve of the establishment of a rag and bone business at one premises was the subject of a successful appeal by the applicant. The redevelopment of the particular area in which the premises are situated is under way, and the continuation of this offensive trade is likely to be of short duration. The establishment of one other similar trade in another area was approved after the premises had been made suitable.

## Effluvium and dust nuisance

Complaints were made of offensive smells and dust emissions related to various trades including chemical works, and others concerned nuisance arising from a sewage effluent. The investigations by the public health inspectors usually were successful in securing abatement of the nuisances without recourse to formal proceedings.

The circumstances associated with two registered offensive trades, however, did entail formal action and it was also necessary to serve abatement notices in respect of effluvium nuisances from two other sources. One related to the use of premises as a mink farm where further action is pending, and the other to a discharge of fumes arising from a caustic processing of oil. Alterations to the plant abated the nuisance and the circumstances remain subject to surveillance to prevent recurrence of emissions.

Arising from the emission of sulphurous fumes from a process scheduled under the Alkali etc. Works Regulations Act, the consent of the Minister of Housing and Local Government was sought to the institution of proceedings by the Corporation. The Minister decided, however, that in the particular circumstances the best practicable means had been used by the firm to prevent the emission and that consent should not be given. A meeting of representatives of the firm concerned, the District Alkali etc. Works Inspector of the Ministry and the Health Committee, has been arranged to discuss the Corporation's concern with emissions and the means being adopted for prevention of their recurrence.

Action was necessary to secure the abatement of dust nuisances from six trade premises. In two instances statutory notices were served. One dealt with dust from a storage dump and the installation and proper use of water sprays abated the nuisance. The other notice was concerned with dust arising from the mixing and carrying of cement and sand; the adoption of screening and covering facilities remedied the nuisance. Further improvement was secured by the paving of an approach road to the premises. The nuisances remedied following informal representations by the public health inspectors to the management concerned, included two instances of the discharge of fine wood dust into the atmosphere.

## Noise nuisance

The Noise Abatement Act, 1960, came into operation on 27th November and section 1 contains provisions similar to those of section 40 of the Manchester Corporation Act, 1946. The new Act, however, extends to vibration as well as noise and includes restrictions on the operation of loudspeakers on highways. The administration of these latter restrictions has been referred by the Corporation to the Watch Committee.

Complaints of noise from 43 different trade, industrial or domestic sources were investigated. In two instances it was necessary to take formal action in the service of notices under the Public Health Act and the Manchester Corporation Act, 1946. The first related to noise from the induced draught fans of a steam raising boiler plant and also from metal cutting tools. Alterations undertaken by the firm concerned resulted in abatement of the nuisances. The second case dealt with noise and vibration from industrial sewing machines, abatement of which was secured by resiting some of the machines and mounting them on shock absorbers.

Other complaints concerning noise from various trade processes included the use of pneumatic drills, air compressors, hammering, motor repairs, electric motors and the ringing of burglar alarms due to faults in electrical circuits.

In general, following investigations and representations by the public health inspectors, the co-operation of the managements or individuals concerned was readily secured to minimise or eliminate the noise. In several instances the concern of residents was directed more to the particular times when the noise arose, such as at night or week-ends, rather than the level or intensity of the sound.

In accordance with the provisions of the Steam Whistles Act, 1872, the installation of a steamwhistle at a large industrial premises was sanctioned. This formed an extension of an existing system.

## Land used by pleasure fairs

There was an increase in the number of pleasure fairs reported, all on approved sites. 12 were held in 10 different parks or recreation grounds, 3 on two other sites owned by the Corporation and 2 on sites privately owned.

No nuisance arising from the pleasure fairs was reported but in 4 instances public health inspectors had to require the provision of improved sanitation, accommodation and lighting. Advice was given as to the siting of generators so as to avoid nuisance.

Requests were received from the Showmen's Guild with regard to the use of 3 other sites. One related to a privately owned site on which fairs previously held had caused nuisances and the request was not granted. In another instance of privately owned land approved for use as a fairground, enquiry was made of representatives of the Guild on the possibility of the approval being applied to another site nearby. The circumstances at the suggested site however, were different from those at the previously approved site and the alternative was not acceptable to the Department. The third request dealt with a site owned by the Corporation and the Department's requirements were conveyed to the applicants.



## Rag flock and other filling materials

There are 58 premises where fillings designated under the Rag Flock and Other Filling Materials Act, 1951, are used in the manufacture of bedding (13), upholstery (18), cushions (2), soft toys and baby carriages (2), and quilts (23). The use of designated fillings was discontinued at 25 premises and they have been removed from the register.

Four premises are licensed for the storage of rag flock for distribution to the users at their registered premises.

No rag flock is manufactured within the City.

19 samples of designated filling materials were obtained and submitted to the prescribed analyst for examination. All were found to comply with the appropriate standards prescribed by the Rag Flock and Other Filling Materials Regulations.

## Export of washed rags and second-hand clothing

The inspection and disinfection of certain materials for export, including washed rags, cotton waste and second hand clothing, continued as a public health measure to satisfy the particular requirements of importing authorities. Appropriate certificates were issued for the following treatments:—

- (a) high pressure steam disinfection at the Monsall Disinfecting Station; or
- (b) washing and sterilizing by boiling in caustic soda solution; or
- (c) formalin disinfection; or
- (d) in regard to picker waste (treated hides), soakage for 40 days in strong lime and sodium sulphide solution.

Inspections were made and certificates issued as follows:—

Articles	Quantity	Importing country
Washed rags or cotton waste .. .. .	50 tons	Africa
	7 tons	Eire
	3½ tons	Cyprus
	3½ tons	Portugal
	1 ton	Kenya
Second-hand clothing .. .. .	3,236 articles	Germany
	829 articles	Aden
	100 articles	South Africa
	19 articles	Bulgaria
	25 articles	Czechoslovakia
	4 parcels	Eire
Picker waste (treated hides) .. .. .	10 tons	Japan

## Swimming baths

All the 14 municipal and 7 privately owned swimming baths use the City's main water supply and are provided with continuous filtration plants with a turnover period of 4 hours or less, dependent upon the bathing loads. Alumina-filic or alum are used as coagulants in the plants and an alkalinity of approximately 7-8 pH maintained with the use of soda ash. Sterilization is secured by the use of chlorine.

All the baths were visited at different times during use and the water tested for the pH value and free residual chlorine present. Samples were also taken for bacteriological examination. In each instance the standards recommended by the Ministry of Health were found to be satisfied.

### **Establishments for massage or special treatment**

There are 83 massage or special treatment establishments subject to the licensing and control provisions of Part IX of the Manchester Corporation Act 1924, and the Byelaws of 1925. The treatment at these establishments was chiropody (56), massage (12), massage and chiropody (9), massage and manicure (2) and chiropody, massage and manicure (4). Six establishments, four massage and two chiropody, were discontinued and three new applicants, two for massage and one for chiropody, were licensed.

The licensing of one of the new establishments followed an appeal to the City Magistrate's Court and was conditional upon the treatment being undertaken only by a particular person who was experienced in the special treatment in a "beauty salon."

In considering the technical qualifications of applicants who wish to open establishments for massage or chiropody, the qualifications prescribed in the National Health Service (Medical Auxiliaries) Regulations, 1954, for employment in the National Health Service or by a local health authority, are deemed to be relevant though not decisive.

These Regulations, with certain modifications, require that physiotherapists shall have satisfied the qualifying examination of:

- (i) The Chartered Society of Physiotherapy; or
- (ii) The Faculty of Physiotherapists; or
- (iii) The Physiotherapists' Association.

For chiropodists the regulations prescribe the qualifying examination of

- (i) The Joint Council of Chiropodists (now known as the Institute of Chiropodists) or;
- (ii) The Society of Chiropodists.

A new enactment, the Professions Supplementary to Medicine Act, 1963, includes provisions for the registration of physiotherapists and chiropodists and for the regulation of their professional education and conduct. The requirements of this Act will become operative on dates yet to be determined by Orders in Council. In the meantime the Ministry of Health have advised local authorities that the National Health Service (Medical Auxiliaries) Regulations continue to be applicable to the designated professions for employment in the National Health Service or by a local health authority.

### **Hairdressers and barbers**

The number of hairdressers or barbers and their premises registered under the provisions of Section 42 of the Manchester Corporation Act, 1946, continued to increase and 799 such persons are now registered compared with 743 in 1955.

34 verbal cautions were given by public health inspectors with regard to minor contraventions of the byelaws made under the above Act and these were attended to without delay. One concerned the personal hygiene of an assistant, twelve related to dirty conditions of the premises and 21 to minor defects of the premises.

A number of complaints were received of unregistered persons carrying on the business of hairdresser in private dwellinghouses. All such complaints were investigated and, where necessary referred to the City Surveyor in relation to town planning requirements.

### **Sale of certain poisons**

The provisions of the Pharmacy and Poisons Act, 1933, and the Poisons Rules as to the retail sale of the poisons scheduled in Part II of the Poisons List are administered by the department.

961 traders, mainly grocers and hardware dealers, are registered with the department for sale of such Part II poisons (the greater part of their sales being those of proprietary disinfectants for domestic use) and £252 17s. 0d. was received in fees. In 1959 there were 992 listed traders.

The Poisons Rules deal with the requirements as to containers, labelling, storage, transport, sale and records and no contravention of these rules was reported. Four unregistered persons were found selling poisons included in Part II of the Poisons List and following verbal cautions registration subsequently took place.

### **Exhumations**

Public Health Inspectors attended three exhumations and reported that the conditions imposed by the licences issued by the Home Office were complied with.

Two licences each referred to the exhumation and re-interment of human remains from one grave to another in the same burial ground, and the third involved exhumation and subsequent cremation in Manchester.

An agreement has been reached between the Government of the United Kingdom and the Government of the German Federal Republic regarding German war graves in the United Kingdom. The agreement provides for the interment of German war dead into a single cemetery so as to simplify the permanent care and maintenance of the graves. Any necessary exhumations are likely to begin during the early part of 1961 under licences to be issued by the Home Office.

### **Public conveniences**

Further progress was made toward the completion of the Committee's programme for the provision of new conveniences in districts where no facilities exist and in the modernization of older conveniences in the City. New conveniences for men and women were opened in Clopton Street, Hulme and Lloyd Road, Levenshulme.

The conveniences in Blackley were modernized and the reconstruction of conveniences in Openshaw was proceeding at the end of the year. A new urinal opened in Fairfield Street near the junction with London Road replaces the obsolete and unsatisfactory urinal in Store Street. The situation of the new urinal is such that ultimately it will replace the existing urinal in Downing Street which is shortly to be demolished in connection with road improvements.

The construction of conveniences for both sexes is planned for the vicinity of Forge Lane and Ashton New Road, Bradford. Discussion is to take place with the Stockport Corporation and Denton Urban District Council on the joint provision of conveniences adjacent to their respective boundaries in the Reddish Lane/Gorton Road/Laburnum Road district.



The modernization and extension of the Piccadilly conveniences has been delayed but is now planned to commence early in 1961 and the redevelopment of the Market Place area has reached the stage when it will be possible to proceed with the scheme for new conveniences for men and women in that part of the City. The completion of these two schemes will satisfy the need for a modern service at two of the City's busiest areas.

Again, damage from vandalism or misuse of public conveniences has been experienced, interfering with the availability of different conveniences and an increasing expenditure on maintenance. One person was prosecuted and fined for causing damage to a convenience.

There are now 173 conveniences with accommodation as follows:—

Males—									
With urinal, watercloset, washing and parcel storage accommodation	..	..							
With urinal, watercloset and washing accommodation..	..	..	..	..	..	..	..	..	
With urinal and watercloset accommodation..	..	..	..	..	..	..	..	..	
With urinal accommodation	..	..	..	..	..	..	..	..	1
Females—									
With watercloset, washing and parcel storage accommodation	..	..	..	..					
With watercloset and washing accommodation	..	..	..	..	..	..	..	..	
With watercloset accommodation	..	..	..	..	..	..	..	..	
TOTAL									1

At all public conveniences with watercloset accommodation a free water closet is available. The waterclosets in the ladies convenience at Cannon Street continued to be made available without charge.

At all conveniences with attendants on duty there are free facilities for hand washing with hot and cold water, liquid soap and paper towels. Free facilities for hand washing are also available at most of the suburban conveniences but the extent of the provision of this service is limited by the degree of misuse in the absence of attendants.

With one exception all the conveniences in Manchester are open continuously throughout the 24 hours of each day.

## SEWERAGE AND SEWAGE DISPOSAL

*sewerage*

The provision and maintenance of the sewerage system of the City is a responsibility of the City Surveyor and Engineer who has supplied the following information:—

“ Generally the whole of the City is sewered but schemes will have to be prepared to deal with certain inadequacies as follows:—

- (a) Main drainage—The completion of the 1911 Main Drainage Scheme is needed in the Openshaw area ( Work No. 6).
- (b) Sewer reconstruction—Fairly large scale reconstructions of sewers is necessary, mainly in North Manchester, to deal with obsolescent sewers, constructed when the areas were developed rapidly 70 or more years ago, which are tending to collapse.
- (c) Flood relief—Many of the sewers constructed in the areas mentioned in (b) are now inadequate in capacity to deal with present day flows which have increased due to increased water consumption and additional development.

The subsequent flooding will have to be relieved by the construction of new sewers and new storm overflow sewers discharging to the larger rivers instead of the small local streams.”

*sewage treatment and disposal*

The Rivers Department undertakes the treatment and disposal of sewage from the City and certain adjacent districts together with a large volume of trade effluent from a variety of industries.

The General Manager of that Department has supplied the following information:—

“ In addition to the sewage and trade effluents of the City the whole of the sewage from Middleton, Droylsden, Cheadle and Gatley, Bramhall, Poynton and Woodford, and part from Audenshaw, Chadderton, Stretford, Prestwich, Urmston, Denton and Royton, with a total contributory population of approximately 876,000 is dealt with at the Corporation's sewage works. Most of the sewage is dealt with at the Davyhulme Works outside the City but the plant at Withington still serves a population of about 47,000 in the districts of Chorlton-cum-Hardy, Levenshulme and Rusholme. Sewage from a new housing area at Brooklands within the City is to be treated at a new plant to be constructed within the neighbouring Borough of Sale by that authority.”

*Davyhulme Works*

A comprehensive scheme of renewals and extensions in a 10 year programme is in progress at an estimated cost of £6.4 millions and rather more than one-third has been constructed. The average volume of sewage discharged to the works per day is 64,028,000 gallons.

The treatment is by rough screening followed by detritus removal and sedimentation and subsequent treatment is by activated sludge processes or in contact filter beds and discharge to the Manchester Ship Canal. Final disposal of all sludge is by transportation to sea.

# Treatment of sewage at Davyhulme Works

Annual volume (gallons)	Average daily volume (gallons)	Percentage of total volume	Method of treatment
10,375,800,000	28,349,000	44.2	Settled in storm-water tanks (storm water)
2,567,181,000	7,014,000	11.0	Settled in sedimentation tank and discharged*
402,310,000	1,099,000	1.8	Settled in sedimentation tank and treated in primary contact beds only
4,914,662,000	13,428,000	20.8	Settled in sedimentation tank and treated in primary and/ secondary contact beds
282,700,000	781,000	1.3	Settled in sedimentation tank and treated in activated sludge (Bioaeration) plant
80,636,000	313,000	0.4	Settled in sedimentation tank and treated in activated sludge (Simplex, modified) plant
280,610,000	775,000	1.2	Settled in sedimentation tank and treated in activated sludge (Simplex No. 2) plant
4,518,400,000	12,312,000	19.3	Settled in sedimentation tank and treated in activated sludge (Diffused Air) plant
12,044,000	33,000	—	Settled in sedimentation tank and treated in activated sludge (Kessener Brush) plant

\*Volume of tank effluent in excess of the present capacity of the treatment plants

## Average composition of sewage treated at Davyhulme Works

The following statement gives the average composition of the sewage after the removal of heavy grit, etc., in the detritus tanks. The sewage is of more than average strength owing to the presence of a large volume of trade effluent

	p.p.m./wt
Ammoniacal nitrogen .. .. .	27.5
Albuminoid nitrogen .. .. .	9.22
Chlorine in chlorides .. .. .	379
Oxygen absorbed from N/80 permanganate in four hours at 26.7°C. .. .. .	119.4
Biochemical oxygen demand .. .. .	318.7
Solid matter in suspension:—	
Organic and volatile .. .. .	169
Mineral matter (residue after ignition) .. .. .	77
Total .. .. .	246



*Average composition of effluent from Davyhulme Works*

The average composition of the effluent discharged from all sections of the treatment plant at Davyhulme Works, including settled sewage which has had no further treatment, is shown in the following statement:—

Ammoniacal nitrogen .. .. .	27.5
Albuminoid nitrogen .. .. .	5.72
Nitrous nitrogen .. .. .	Trace
Nitric nitrogen .. .. .	Trace
Chlorine in chlorides .. .. .	376
Oxygen absorbed from N/80 permanganate in four hours at 26.7°C. .. .. .	64.1
Biochemical oxygen demand .. .. .	143.1
Solid matter in suspension .. .. .	55

Purification effected on sewage (per cent.):—

Reduction in—

Oxygen absorbed from permanganate .. .. .	46
Albuminoid nitrogen .. .. .	38
Biochemical oxygen demand .. .. .	55

*Withington works*

The method of treatment is similar to that at Davyhulme, but a larger proportion is dealt with by the activated sludge process and discharge of the final effluent to the River Mersey via the Chorlton Brook. The average volume received each day is 1,712,000 gallons.

**Treatment of sewage at Withington Works**

Annual volume (gallons)	Average daily volume (gallons)	Percentage of total volume	Method of treatment
908,000	2,481	0.1	Settled in sedimentation tanks and treated in storm-water filters
275,961,000	754,000	44.1	Settled in sedimentation tanks and treated in primary and secondary contact beds
68,232,000	189,000	10.9	Treated in No. 1 Unit, activated sludge plant
281,392,000	769,000	44.9	Treated in No. 2 Unit, activated sludge plant

*Average composition of sewage treated at Withington Works*

The following statement gives the average composition of sewage after removal of detritus. The sewage is mainly domestic and is of average strength.

Ammoniacal nitrogen .. .. .	26.7
Albuminoid nitrogen .. .. .	7.21
Chlorine in chlorides .. .. .	74

Oxygen absorbed from N/80 permanganate in four hours at 26.7°C. . . . .	44.2
Biochemical oxygen demand . . . . .	277.4
Solid matter in suspension . . . . .	129

*Average composition of effluent from Withington Works*

The effluent from the contact beds and the effluent from the activated sludge plant are combined before being discharged to the Chorlton Brook. The average composition of the effluent discharged to the brook is shown in the following statement:—

*Average composition:—*

Ammoniacal nitrogen . . . . .	20.6
Albuminoid nitrogen . . . . .	2.36
Nitrous nitrogen . . . . .	Trace
Nitric nitrogen . . . . .	Nil
Chlorine in chlorides . . . . .	70
Oxygen absorbed from N/80 permanganate in four hours at 26.7°C. . . . .	9.5
Biochemical oxygen demand . . . . .	16.7
Solid matter in suspension . . . . .	18

*Purification effected on sewage (per cent.):—*

*Reduction in—*

Oxygen absorbed from permanganate . . . . .	79
Albuminoid nitrogen . . . . .	67
Biochemical oxygen demand . . . . .	94

## **Section 4**

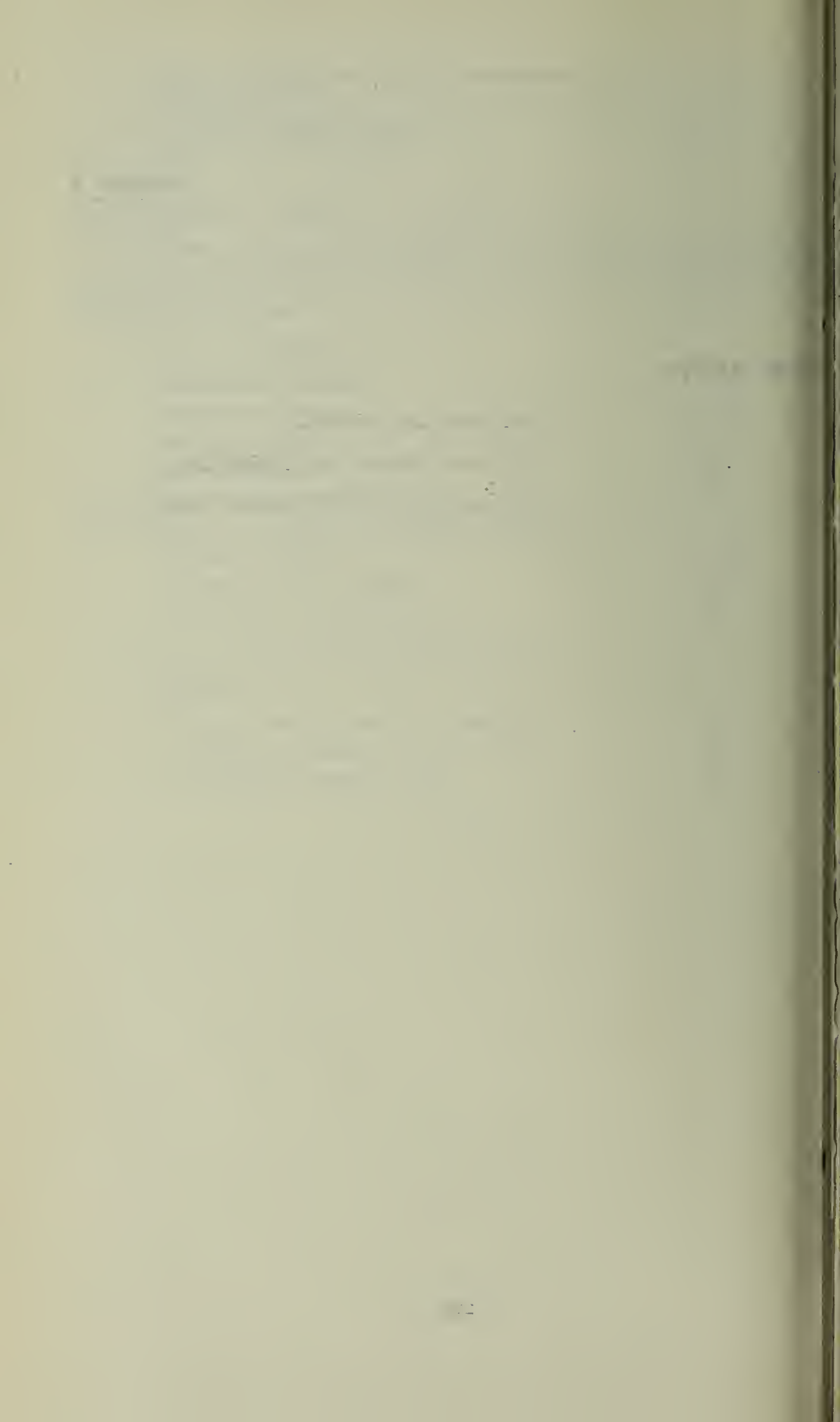
**Public Analyst**

ADULTERATION OF MILK

FOOD AND DRUGS ADULTERATION

MEASUREMENT OF ATMOSPHERIC POLLUTION





## REPORT OF THE PUBLIC ANALYST

A. N. Leather, B.Sc., F.R.I.C.

In 1860 a new law came into force in this country with the title "An Act Preventing the Adulteration of Articles of Food and Drink." This is the law known to have been made in any country in the world for the purpose of attacking adulteration in general and not merely for the protection of certain selected articles of food or drink. The need for such a law had become evident, and once the machinery of administration of the law had become effective, with the help of a few amendments to the law itself, there resulted a remarkable improvement in the purity of food and drink as sold to the public.

In 1960 a centenary celebration of the first Adulteration Act was held in London. There was an international conference attended at the invitation of the Government by representatives of many countries, and very useful discussions took place with particular reference to the special legal methods of the various food standards adopted in different parts of the world.

It is therefore not surprising that there is great activity at the present time in reconsidering many details of the control of the purity and quality of foods exerted by the numerous regulations and orders which derive their power from the current Food and Drugs Act, 1955.

The Food Standards Committee was first appointed in 1947. Its duty is to advise the Minister of Agriculture, Fisheries and Food, and the Minister of Health upon the exercise of their powers under the Food and Drugs Act in controlling the composition, labelling and advertising of food for the protection of the public. A new Food Additives and Contaminants Sub-Committee was set up in 1960 to consider problems in relation to all substances added to food, whether deliberately or not. This Sub-Committee is now reviewing the addition of colouring matters, flavouring agents and solvents to foods and is considering the deleterious effects of such additions and the possible need for alteration in the introduction of specific controls governing their use. The Food Standards Committee is at present reviewing the labelling of food.

The Ministers have announced their intention shortly to make regulations controlling emulsifiers and stabilizers in food, and to make new regulations to replace the Public Health (Preservatives in Food) Regulations. It is expected that regulations governing preservatives will substantially enforce the recommendations made in the 1959 Report on Preservatives in Food prepared by the Food Standards Committee. If so, both the number of permitted preservatives and the number of foods in which preservatives may be used will be increased, while at the same time safeguards will be maintained.

It is fair to state that, taking into account the Antioxidant in Food Regulations, 1958, every aspect of the subject of food additives is being, or has recently been, reconsidered from first principles.

At the same time other governments are also periodically making and amending their food laws. It is becoming evident that it would be to the general advantage if similar standards were adopted in all countries. For example, as regards the addition of certain dyestuffs to foods, it is now almost world-wide practice for each country to approve a list of permitted dyes and to make it an offence to use any dye not on the list. In this field the U.S.A. took the lead. But the lists are all different. In this country until the making of the 1957 Colouring Matter in Food Regulations, there had been a prohibited list,

not a permitted list, and when our Schedule of permitted colouring matter was issued, it contained certain dyes omitted from the U.S.A. list, and omitted certain dyes which were included in the U.S.A. list, although the U.S.A. had hitherto tended to serve as a model and had largely been adopted in other countries. This leads to the situation in which certain foods mentioned in the report have to be treated as if they were unfit for human consumption in this country, but would be considered pure and wholesome in the U.S.A. or South Africa. The purpose of control is to ensure the use of harmless dyes. With this vital aim in mind, it has become logical and very desirable to advocate the production of an agreed permitted list by international consultation.

A comprehensive report, with the title *Milk Composition in the United Kingdom* has been produced by an Interdepartmental Committee and presented to Parliament in September, 1960. Some comments on this appear later in this report under "Composition of Milk."

Very many changes have been made in the new Fertilizers and Feeds (Control) Regulations, 1960.

In the following report some comments, mainly on analytical aspects, are made upon unsatisfactory samples and upon a few samples which though genuine may be of special interest. Information about subsequent legal and administrative action has been provided by the Medical Officer of Health and by the Sanitary Services Division of the Health Department.

The proportion of samples found to be "adulterated or otherwise giving rise to irregularity" among all samples examined in this laboratory under the Food and Drugs Act and related enactments and regulations was 3.3 per cent.



# Food and Drugs Act, 1955

## Summary of samples examined

Article	Number examined				Number adulterated or otherwise giving rise to irregularity				Percentage of samples unsatisfactory
	Formal	Informal	Private	Total	Formal	Informal	Private	Total	
Milk* .. .. .	302	883	—	1,185	22	47	—	69	5·8
Milk (sterilized) .. .. .	91	41	—	132	—	1	—	1	0·8
Milk (Channel Islands) .. .. .	2	9	—	11	—	1	—	1	9·1
Alcoholic liquids:—									
Spirits .. .. .	13	—	—	13	—	—	—	—	—
Wines .. .. .	4	4	—	8	—	—	—	—	—
Wine cocktails .. .. .	2	2	—	4	—	—	—	—	—
Others .. .. .	2	17	—	19	—	—	—	—	—
Gar jelly compound .. .. .	—	1	—	1	—	—	—	—	—
Bacon and Ham .. .. .	4	—	—	4	—	—	—	—	—
Baking and golden raising powder .. .. .	—	3	—	3	—	—	—	—	—
Barley .. .. .	11	3	—	14	—	—	—	—	—
Biscuits .. .. .	21	2	—	23	—	—	—	—	—
Blancmange powder .. .. .	—	7	—	7	—	—	—	—	—
Bottled:—									
Fish .. .. .	—	7	—	7	—	—	—	—	—
Minced chicken .. .. .	—	1	—	1	—	—	—	—	—
Mint jelly .. .. .	—	1	—	1	—	—	—	—	—
Onions .. .. .	—	2	—	2	—	—	—	—	—
Strained carrots .. .. .	—	1	—	1	—	—	—	—	—
Read .. .. .	—	6	—	6	—	1	—	1	17
Read, fancy .. .. .	—	3	—	3	—	—	—	—	—
Read, proprietary .. .. .	—	1	—	1	—	—	—	—	—
Butter .. .. .	24	—	—	24	—	—	—	—	—
Cake and pudding mixtures .. .. .	—	19	—	19	—	—	—	—	—
Cakes (flour confectionery) .. .. .	1	24	—	25	—	3	—	3	12
Canned:—									
Cereal Products .. .. .	—	2	—	2	—	—	—	—	—
Cream .. .. .	—	19	—	19	—	—	—	—	—
Fish .. .. .	—	13	—	13	—	—	—	—	—
Fruit and fruit juice .. .. .	—	47	—	47	—	—	—	—	—
Meat and meat products .. .. .	—	14	—	14	—	1	—	1	7
Pudding, sweet .. .. .	—	10	—	10	—	—	—	—	—
Soup .. .. .	—	14	—	14	—	1	—	1	7
Vegetables .. .. .	—	48	—	48	—	1	—	1	2
Wetery salt .. .. .	—	3	—	3	—	2	—	2	67
Cereals, prepared .. .. .	24	5	—	29	—	—	—	—	—
Cheese .. .. .	3	6	—	9	—	—	—	—	—
Cheese, processed .. .. .	—	5	—	5	—	—	—	—	—
Cheese spread .. .. .	—	10	—	10	—	—	—	—	—
Chewing-gum .. .. .	—	7	—	7	—	—	—	—	—
Chocolate spread .. .. .	—	3	—	3	—	—	—	—	—
Christmas pudding .. .. .	—	2	—	2	—	—	—	—	—
Cocoa .. .. .	6	4	—	10	—	—	—	—	—
Cocoa, sweetened .. .. .	1	3	—	4	—	—	—	—	—
Coconut, deacidated .. .. .	11	—	—	11	—	—	—	—	—
Coffee .. .. .	21	3	—	24	—	—	—	—	—
Coffee and chicory .. .. .	1	4	—	5	—	—	—	—	—
Coffee and chicory essence .. .. .	—	5	—	5	—	—	—	—	—
Coffee and chicory extract, dry .. .. .	1	4	—	5	—	—	—	—	—
Coffee extract, dry .. .. .	7	12	—	19	—	1	—	1	5
Colouring matter .. .. .	—	1	—	1	—	—	—	—	—
Cooking oil .. .. .	—	3	—	3	—	—	—	—	—
Cornflour .. .. .	9	2	—	11	—	—	—	—	—
Cream .. .. .	—	5	—	5	—	—	—	—	—
Mustard powder .. .. .	12	14	—	26	—	—	—	—	—
Diabetic chocolate drink .. .. .	—	1	—	1	—	—	—	—	—
Dried curried beef .. .. .	—	1	—	1	—	—	—	—	—
Dried egg .. .. .	—	2	—	2	—	—	—	—	—
Dried fruits:—									
Vine fruits .. .. .	49	1	—	50	2	—	—	2	4
Others .. .. .	16	8	—	24	—	—	—	—	—
Dried herbs .. .. .	—	2	—	2	—	—	—	—	—
Dried onions .. .. .	—	2	—	2	—	—	—	—	—
Dried pulses .. .. .	53	—	—	53	—	—	—	—	—
Dipping .. .. .	4	1	—	5	—	—	—	—	—
Fish cakes .. .. .	—	5	—	5	—	—	—	—	—
Fish dressing .. .. .	—	5	—	5	—	—	—	—	—
Fish paste .. .. .	3	5	—	8	—	—	—	—	—
Flavouring .. .. .	—	2	—	2	—	—	—	—	—
Flour, brown .. .. .	2	—	—	2	—	—	—	—	—
Flour, plain .. .. .	2	2	—	4	—	—	—	—	—
Flour, self-raising .. .. .	16	2	—	18	—	—	—	—	—
Food beverage powder .. .. .	1	1	—	2	—	—	—	—	—
Frozen Peas .. .. .	—	2	—	2	—	—	—	—	—

Article	Number examined				Number adulterated or otherwise giving rise to irregularity				Percentage unsatisfactory
	Formal	Informal	Private	Total	Formal	Informal	Private	Total	
Fruit juice .. .. .	8	5	—	13	—	—	—	—	—
Garlic salt .. .. .	—	1	—	1	—	—	—	—	—
Gelatine .. .. .	—	1	—	1	—	—	—	—	—
Golden syrup and treacle .. .. .	—	13	—	13	—	—	—	—	—
Gravy browning .. .. .	—	7	—	7	—	—	—	—	—
Gravy powder and gravy salt .. .. .	—	10	—	10	—	—	—	—	—
Ground almonds .. .. .	6	1	—	7	—	—	—	—	—
Ground rice .. .. .	4	—	—	4	—	—	—	—	—
Honey .. .. .	—	11	—	11	—	—	—	—	—
Honey in comb .. .. .	—	1	—	1	—	—	—	—	—
Ice cream .. .. .	8	—	—	8	—	—	—	—	—
Ice cream mix .. .. .	—	3	—	3	—	—	—	—	—
Ice lolly syrup .. .. .	—	1	—	1	—	—	—	—	—
Jelly, table .. .. .	—	22	—	22	—	—	—	—	—
Lard and cooking fat .. .. .	24	4	—	28	—	—	—	—	—
Macaroni, spaghetti and vermicelli .. .. .	6	—	—	6	—	—	—	—	—
Margarine .. .. .	24	1	—	25	—	—	—	—	—
Marzipan .. .. .	—	1	—	1	—	—	—	—	—
Meat products:—									
Black puddings .. .. .	10	1	—	11	—	—	—	—	—
Brawn .. .. .	11	—	—	11	—	—	—	—	—
Jellied veal .. .. .	1	—	—	1	—	—	—	—	—
Liver sausage .. .. .	1	—	—	1	—	—	—	—	—
Luncheon meat .. .. .	1	1	—	2	—	—	—	—	—
Luncheon sausage .. .. .	1	—	—	1	—	—	—	—	—
Meat paste .. .. .	1	1	—	2	—	—	—	—	—
Meat pies .. .. .	—	13	—	13	—	—	—	—	—
Minced meat .. .. .	1	—	—	1	—	—	—	—	—
Offals (tripe, etc.) .. .. .	12	1	—	13	—	—	—	—	—
Polony .. .. .	7	3	—	10	—	1	—	1	10
Rissoles .. .. .	—	1	—	1	—	—	—	—	—
Sausages and sausage meat .. .. .	20	3	—	23	1	—	—	1	—
Milk, dried .. .. .	—	3	—	3	—	—	—	—	—
Milk, dried (modified) .. .. .	—	1	—	1	—	—	—	—	—
Milk, evaporated .. .. .	—	17	—	17	—	—	—	—	—
Milk, sweetened condensed .. .. .	—	15	—	15	—	—	—	—	—
Milk shake syrup .. .. .	—	2	—	2	—	—	—	—	—
Mint jelly .. .. .	—	1	—	1	—	—	—	—	—
Non-brewed condiment .. .. .	1	3	—	4	—	—	—	—	—
Nuts, mixed ground .. .. .	—	1	—	1	—	—	—	—	—
Oats and oatmeal .. .. .	7	1	—	8	—	—	—	—	—
Oat cakes .. .. .	—	2	—	2	—	—	—	—	—
Peanut butter .. .. .	—	4	—	4	—	—	—	—	—
Pickles and chutney .. .. .	10	24	—	34	1	—	—	1	—
Potatoes, peeled .. .. .	—	1	—	1	—	1	—	1	10
Preserves .. .. .	71	9	—	80	—	—	—	—	—
Pudding (flour confectionery) .. .. .	—	1	—	1	—	—	—	—	—
Rice .. .. .	25	—	—	25	—	—	—	—	—
Rye biscuits .. .. .	—	1	—	1	—	—	—	—	—
Sago .. .. .	11	2	—	13	—	—	—	—	—
Salad cream and mayonnaise .. .. .	—	8	—	8	—	—	—	—	—
Salt, table .. .. .	—	3	—	3	—	—	—	—	—
Salt, iodized .. .. .	—	1	—	1	—	—	—	—	—
Sauce powder .. .. .	—	2	—	2	—	—	—	—	—
Sauce, tomato .. .. .	—	7	—	7	—	—	—	—	—
Sauce, other than tomato .. .. .	—	17	—	17	—	1	—	1	—
Semolina .. .. .	11	—	—	11	—	—	—	—	—
Soft drinks .. .. .	20	12	—	32	—	—	—	—	—
Soft drink powder .. .. .	—	7	—	7	—	—	—	—	—
Soft drink tablets .. .. .	—	1	—	1	—	—	—	—	—
Soup powder .. .. .	—	3	—	3	—	1	—	1	3
Soya flour .. .. .	—	1	—	1	—	—	—	—	—
Spices .. .. .	—	62	—	62	—	—	—	—	—
Stuffing .. .. .	—	6	—	6	—	—	—	—	—
Suet, prepared .. .. .	10	7	—	17	—	—	—	—	—
Sugar .. .. .	33	—	—	33	—	—	—	—	—
Sweet spread .. .. .	—	1	—	1	—	—	—	—	—
Sweets (sugar confectionery) .. .. .	16	5	—	21	2	—	—	2	—
Tapioca .. .. .	9	2	—	11	1	—	—	1	—
Tea .. .. .	31	1	—	32	—	—	—	—	—
Tea extract, dry .. .. .	—	1	—	1	—	—	—	—	—
Vinegar, cider .. .. .	—	2	—	2	—	—	—	—	—
Vinegar, distilled .. .. .	1	1	—	2	—	—	—	—	—
Vinegar, malt .. .. .	24	2	—	26	—	—	—	—	—
Vinegar, tarragon .. .. .	—	1	—	1	—	—	—	—	—
Yeast, dried .. .. .	—	1	—	1	—	—	—	—	—
Yoghourt .. .. .	—	1	—	1	—	—	—	—	—
Total foods* .. .. .	1,145	1,696	—	2,841	29	63	—	92	—

\* Not including 6 "appeal to cow" samples of milk.

Article	Number examined				Number adulterated or otherwise giving rise to irregularity				Percentage of samples unsatisfactory
	Formal	Informal	Private	Total	Formal	Informal	Private	Total	
Ammoniated tincture of quinine .. ..	—	1	—	1	—	—	—	—	—
Antacid powder .. .. .	—	1	—	1	—	—	—	—	—
Aspirin tablets .. .. .	—	4	—	4	—	—	—	—	—
Bicarbonate of soda .. .. .	—	6	—	6	—	—	—	—	—
Bismuth and magnesia tablets (proprietary)	—	1	—	1	—	—	—	—	—
Boric acid .. .. .	—	1	—	1	—	—	—	—	—
Borax .. .. .	—	3	—	3	—	—	—	—	—
Calamine lotion .. .. .	—	4	—	4	—	—	—	—	—
Compound codeine tablets .. .. .	—	1	—	1	—	—	—	—	—
Compound glycerine of thymol .. .. .	—	1	—	1	—	—	—	—	—
Confection of senna .. .. .	—	1	—	1	—	—	—	—	—
Cough mixtures .. .. .	—	6	—	6	—	—	—	—	—
Cough pastilles .. .. .	—	1	—	1	—	—	—	—	—
Cream of tartar .. .. .	—	3	—	3	—	—	—	—	—
Emulsion salts .. .. .	—	7	—	7	—	—	—	—	—
Eucalypti lotion .. .. .	—	2	—	2	—	—	—	—	—
Fleming's balsam .. .. .	—	2	—	2	—	—	—	—	—
Fleming's linctus .. .. .	—	1	—	1	—	—	—	—	—
Fleming's linctus pastilles .. .. .	—	1	—	1	—	—	—	—	—
Fleming's salt .. .. .	—	2	—	2	—	—	—	—	—
Fucose, powdered .. .. .	—	6	—	6	—	—	—	—	—
Glycerine .. .. .	—	4	—	4	—	—	—	—	—
Glibenclamide capsules .. .. .	—	1	—	1	—	—	—	—	—
Herbal extract .. .. .	—	2	—	2	—	—	—	—	—
Indian brandy .. .. .	—	1	—	1	—	1	—	1	100
Digestion tablets .. .. .	—	2	—	2	—	—	—	—	—
Fluena tablets .. .. .	—	1	—	1	—	—	—	—	—
Fluoride .. .. .	—	1	—	1	—	—	—	—	—
Exhaustive chewing gum .. .. .	—	1	—	1	—	—	—	—	—
Fluid extract of cascara sagrada .. .. .	—	1	—	1	—	—	—	—	—
Fluid paraffin .. .. .	—	3	—	3	—	—	—	—	—
Mouth-wash tablets .. .. .	—	1	—	1	—	—	—	—	—
Oil—									
Camphorated .. .. .	—	1	—	1	—	—	—	—	—
Castor .. .. .	—	2	—	2	—	—	—	—	—
Cod liver .. .. .	—	1	—	1	—	—	—	—	—
Eucalyptus .. .. .	—	2	—	2	—	—	—	—	—
Olive .. .. .	—	7	—	7	—	—	—	—	—
Live oil and raspberry vinegar .. .. .	—	2	—	2	—	—	—	—	—
Quinine tonic .. .. .	—	1	—	1	—	—	—	—	—
Raspberry vinegar .. .. .	—	1	—	1	—	—	—	—	—
Saccharin tablets .. .. .	—	1	—	1	—	—	—	—	—
Skin balm .. .. .	—	1	—	1	—	—	—	—	—
"Slimming" tablets .. .. .	—	2	—	2	—	2	—	2	100
Syrup of figs .. .. .	—	1	—	1	—	—	—	—	—
Tartaric acid .. .. .	—	1	—	1	—	—	—	—	—
Throat tablets .. .. .	—	2	—	2	—	—	—	—	—
Tincture of iodine .. .. .	1	2	—	3	1	1	—	2	67
Tonic tablets .. .. .	—	1	—	1	—	—	—	—	—
Urethane syrup .. .. .	—	2	—	2	—	—	—	—	—
White hazel, distilled .. .. .	—	1	—	1	—	—	—	—	—
Wash tablets .. .. .	—	2	—	2	—	—	—	—	—
Wool and castor oil ointment .. .. .	—	1	—	1	—	—	—	—	—
Total drugs .. .. .	1	107	—	108	1	4	—	5	4.6
Add total foods* .. .. .	1,145	1,696	—	2,841	29	63	—	92	3.2
Total food and drugs* .. .. .	1,146	1,803	—	2,949	30	67	—	97	3.3
Milk (including sterilized and Channel Islands)* .. .. .	395	933	—	1,328	22	49	—	71	5.3

\* Not including 6 "appeal to cow" samples of milk.



## Composition of milk

### Milk other than Channel Islands milk

The average values for the percentage of fat and non-fatty solids for the four quarters and for the whole year are set out in tabular form.

#### Quarterly average table

Quarter	All milks				Genuine milks				Adulterated milks			
	No.	Non-fatty solids %	Fat %	Total solids %	No.	Non-fatty solids %	Fat %	Total solids %	No.	Non-fatty solids %	Fat %	Total solids %
First ..	348	8.70	3.44	12.14	319	8.73	3.50	12.23	29	8.40	2.78	11.18
Second ..	311	8.79	3.45	12.24	289	8.82	3.50	12.32	22	8.38	2.86	11.24
Third ..	338	8.83	3.70	12.53	327	8.85	3.71	12.56	11	8.27	3.45	11.72
Fourth ..	320	8.83	3.81	12.64	312	8.84	3.83	12.67	8	8.35	2.98	11.33

#### Annual average table

Year	All milks				Genuine milks				Adulterated milks			
	No.	Non-fatty solids %	Fat %	Total solids %	No.	Non-fatty solids %	Fat %	Total solids %	No.	Non-fatty solids %	Fat %	Total solids %
1960	1,317	8.79	3.60	12.39	1,247	8.81	3.64	12.45	70	8.37	2.93	11.30

### Channel Islands milk

#### Annual average table

Year	All milks				Genuine milks				Adulterated milks			
	No.	Non-fatty solids %	Fat %	Total solids %	No.	Non-fatty solids %	Fat %	Total solids %	No.	Non-fatty solids %	Fat %	Total solids %
1960	11	9.36	4.82	14.18	10	9.33	4.84	14.17	1	9.30	3.90	13.20

### Adulteration of milk

The regular practice has been followed of applying the Hortvet freezing-point test to every sample of milk having non-fatty solids below 8.5 per cent., the minimum "presumptive" limit fixed by the Sale of Milk Regulations. This now generally accepted test serves to provide independent evidence as to the presence or absence of extraneous water. For practical purposes a freezing-point of  $-0.529^{\circ}\text{C}$ . (Hortvet) has been taken as the limiting value dividing genuine and watered milks.

The next table gives details of 49 samples which were considered to be free from extraneous water as a result of the freezing-point test. In that table samples whose fat content was found to be below 3.0 per cent. were deemed to be "adulterated" from the point of view of fat deficiency (in accordance with the "presumption" raised by the Regulations), though not from the point of view of added water.

*samples adjudged by the freezing-point test to be free from added water*

The following samples of milk showed figures for non-fatty solids below the presumptive limit of 8·5 per cent. non-fatty solids fixed by the Sale of Milk Regulations, 1939, but were adjudged genuine (apart from any deficiency in fat) on the Hortvet freezing-point tests:—

Serial number	Total solids per cent.	Fat per cent.	Non-fatty solids per cent.	Freezing point °C. (Hortvet)	Acidity °Richmond
508B	11·61	3·35	8·26	—0·543	16
511B	11·36	2·95	8·41	—0·548	17
513B	10·96	2·65	8·31	—0·547	22
516B	11·16	2·85	8·31	—0·543	21
627B	11·30	2·85	8·45	—0·552	18
629B	11·18	2·90	8·28	—0·552	17
634B	11·15	2·85	8·30	—0·535	19
669B	11·18	2·85	8·33	—0·547	17
126A	11·10	2·65	8·45	—0·553	18
750B	11·96	3·85	8·11	—0·546	17
751B	11·80	3·55	8·25	—0·550	18
752B	10·84	2·70	8·14	—0·546	17
753B	10·62	2·65	7·97	—0·549	17
754B	10·81	2·60	8·21	—0·551	18
780B	12·07	3·70	8·37	—0·545	17
781B	11·86	3·45	8·41	—0·545	17
230A	11·29	2·80	8·49	—0·545	18
231A	10·99	2·60	8·39	—0·546	17
232A	11·01	2·60	8·41	—0·545	18
329B	10·65	2·50	8·15	—0·543	16
330B	10·77	2·50	8·27	—0·543	16
351B	11·49	3·20	8·29	—0·538	16
353B	11·15	3·00	8·15	—0·535	16
366B	11·59	3·50	8·09	—0·550	16
367B	11·97	3·70	8·27	—0·548	16
368B	10·64	2·60	8·04	—0·541	17
369B	10·73	2·75	7·98	—0·537	15
370B	10·39	2·50	7·89	—0·535	15
371B	10·88	2·80	8·08	—0·544	15
378A	10·87	2·60	8·27	—0·544	17
376A	10·88	2·55	8·33	—0·542	17
378B	11·21	2·95	8·26	—0·553	15
379B	10·96	2·65	8·31	—0·543	15
377A	12·14	3·80	8·34	—0·536	15
370A	11·58	3·40	8·18	—0·546	16
376A	11·49	3·15	8·34	—0·543	17
366B	12·19	4·15	8·04	—0·549	15
388B	11·53	3·25	8·28	—0·547	16
388B	11·55	3·30	8·25	—0·549	16
389B	11·12	2·90	8·22	—0·556	17
370B	11·56	3·50	8·06	—0·552	17
371B	11·33	3·05	8·28	—0·551	17
371B	11·84	3·45	8·39	—0·535	18
373B	11·88	3·45	8·43	—0·529	17
379B	11·19	2·75	8·44	—0·545	17
371B	11·15	2·70	8·45	—0·547	18
372B	10·89	2·55	8·34	—0·545	17
374B	10·87	2·65	8·22	—0·543	16
377B	11·06	2·70	8·36	—0·546	15

It is not practicable by analysis to decide whether a sample of milk containing less than 3·0 per cent. of fat (the "presumptive" standard fixed by the Regulations) is naturally poor in fat or has been subjected to fat-abstraction. Samples containing less than 3·0 per cent. of fat are therefore reported as "adjudged genuine." Very few samples of milk as sold to the public show deficiency in fat. Fat deficiency is more common among samples representing individual churns as received by dairies from farms, but such deficiencies may be considered unimportant if the average fat content of the corresponding whole assignment of several churns is quite satisfactory.

*Proportion of milk samples naturally poor in non-fatty solids*

Expressed as a percentage of all milk samples, the proportion of milk samples containing less than 8·5 per cent. of non-fatty solids but recorded in the last ten years (as a result of the freezing-point test) as genuine, apart from any deficiency in fat, has been as follows:—

Year	..	1951	1952	1953	1954	1955	1956	1957	1958	1959
Percentage		5.7	6.0	7.3	6.5	7.9	8.5	6.5	6.1	7.8

It should be noted that these figures are not based on purely random sampling. Some of the samples were procured to investigate complaints that poor milk was being delivered in the City.

The figure for 1960 in the yearly proportion of naturally poor milk samples is easily the lowest in the last 10 years, and encourages hope that such milk is becoming less frequent. When considering the significance of such figures the effects of the unusually dry summer of 1959 and the unusually wet summer of 1960 should be taken into account. It is now known that 1959 was generally a bad year so far as non-fatty solids were concerned. The Milk Marketing Board's "Butterfat Testing Scheme" covered 94 per cent. of all milk supplied during 1960, and continued to provide an incentive for the elimination of the poorest milk from the point of view of fat-content. The same Board's "Compositional Quality Scheme" continues to obtain data about non-fatty solids also, but at present no corresponding incentive is in operation to eliminate the poorest milk from the non-fatty solids point of view.

Milk which is naturally poor in non-fatty solids is often found to be also poor in fat, probably as a result of similar natural causes. The average fat content of the 49 samples in the last table is only 2.99 per cent. as compared with 3.60 per cent. for the average fat content of all milk samples for the period.

#### *Classification of milk samples reported as "adulterated or otherwise giving rise to irregularity"*

Seventy-one samples of milk are thus classified in the table *Summary of samples examined*. Fifty of these samples were deficient in fat, 16 were reported as containing added water, and five samples were found to exhibit both defects.

#### *Deficiency in fat*

Out of the total of 50 samples of milk exhibiting fat-deficiency, 45 represented individual cans from consignments of milk having a satisfactory average when reckoned on the whole consignment. Such satisfactory averages occurred in spite of the fact that individual fat-deficiencies ranged from 1 per cent. to 26.6 per cent. (expressed as a proportion of 3.0 per cent.). Two consignments showed small overall fat-deficiencies.

One sample of Channel Islands milk contained only 3.9 per cent. instead of the 4.0 per cent. required for milk sold under that name, a proportionate deficiency of 2.5 per cent.

[Cautions were administered when deemed appropriate in respect of fat-deficiencies in milk consigned to dairies. The bottler of the Channel Islands milk deficient in fat was suitably cautioned.]

#### *Added water*

The presence of added water in milk was reported in 21 instances, in 10 of which the proportion of water was very small. Starting from a mere 1.1 per cent. the percentages of added water ranged from 1.1 to 6.6 per cent. It is customary to regard the presence of extraneous water more seriously when the percentage exceeds 4.0 per cent. This occurred in only four samples.

A crown-corked bottle of sterilized milk opened in the laboratory was found to contain milk with 1.6 per cent. of extraneous water.

[Legal proceedings were taken against a farmer for selling milk containing added water. The court inflicted a fine of £7 and ordered payment of £3 9s. costs. In other instances, cautions were administered.]



k composition. Important new proposals

In September, 1960, a Report was presented to Parliament with the title "Milk Composition in the United Kingdom, Report of an Interdepartmental Committee." The Chairman of the Committee was Dr. J. W. Cook, F.R.S., and the Report has frequently been referred to as the "Cook Report."

The Committee collected evidence as to the composition of milk from recent and recent records, and also examined those factors which, in the long run, tend to cause changes in the average composition of milk. The Report includes the reports of three panels, a Medical Panel, an Animal Husbandry Panel, and a Panel on the Freezing Point (Hortvet) Test. The Committee reached some conclusions of far-reaching importance, and made some firm recommendations.

The recommendations include the following:—

The efforts of the dairying industry in the years ahead should be directed towards maintaining and improving the solids not fat content of the liquid milk supply.

Consideration should be given to the adoption within 10 years of a fixed minimum standard for whole milk of 8·5 per cent. solids not fat.

The presumptive minimum standard for solids not fat should be abolished when Ministers are satisfied that suitable marketing standards are in operation with the dairying industry to maintain and improve the solids not fat content of milk.

The presumptive minimum standard for fat should be continued for the present but replaced within five years by a fixed minimum standard for whole milk of 3 per cent.

The evidence of the Hortvet test should, subject to certain provisos, be accepted in legal proceedings as proof of the presence or absence of added water in a milk sample.

Abstraction of fat from milk intended for sale as whole milk should be a specific legal offence.

Differential payment schemes for solids not fat should be introduced as soon as possible in all five Milk Marketing Board areas in the United Kingdom.

If adopted and given legal force, these recommendations will have decisive effects upon the future control of milk supply.

**Samples other than milk**

**Some notes on cases of adulteration or irregularity**

In the paragraphs below, each sample is given the heading under which it is classified in the foregoing *Summary of Samples Examined*, and the heading is followed by the name of the article where necessary.

**Bread (informal).** A complainant found some foreign matter in a sliced oatmeal loaf and wrapped it separately in paper. This was submitted together with the rest of the loaf, and both were examined. The separated foreign matter were seen to consist of some parts of a small beetle, and a further part of the beetle was found embedded in the slices of bread. The beetle was identified by Dr. W. D. Hincks, Department of Entomology, Manchester Museum, as *Tenebroides mauritanicus*, or cadelle. A similar loaf was procured and examined, and in it no insect parts were found.

[The baker was cautioned.]

*Cakes (flour confectionery)* (two informal samples of Eccles cakes and one informal sample of Chorley cakes). A sample of Eccles cakes was submitted for the investigation of a private purchaser's complaint that particles of glass had been found in the foodstuff. Two splinters of green glass were submitted both about 7 millimetres long and sharply pointed, said to have been found in one Eccles cake. Also submitted were three other Eccles cakes intact. These were examined for foreign particles by crumbling to small pieces, boiling with water, and sedimentation. The small sediment contained some mineral matter, mainly sand. Among the mineral particles was one very small particle of greenish glass resembling those described above. The finding of this small additional particle afforded some support for the complaint.

Another sample consisted of six Eccles cakes with a printed label bearing the makers' name and the words "containing New Zealand butter." The pastry was separated from the enclosed currants and was subjected to a separate analysis, with the following result : Total fat content of pastry, 34.4 per cent. proportion of butter-fat in total fat, 9.9 per cent. Thus the percentage of butter-fat in the pastry portion was only 3.4 per cent. This proportion of butter-fat is too low to warrant any mention of the word "butter" on the label, and the use of the words "containing butter" in reference to this product might be held to be misleading. The words on the label might be considered satisfactory for a product of this kind if the percentage of butter in the total fat were 30 per cent.

A sample consisted of six pastries containing currants. The pastries were enclosed in a transparent wrapper bearing printed matter including the description "Chorley cakes" and the words "Containing pure butter." On analysis the following figures were obtained for the pastry alone : Total fat content, 34.0 per cent. ; proportion of butter-fat in total fat, 5.7 per cent. Thus the percentage of butter-fat in the pastry portion was only 1.9 per cent. The Sampling Officer visited the factory and was informed that the greater part of the butter required by the recipe had been melted and included with the currants in the "filling." Accordingly a more detailed analysis was made of three of the pastries, after separation of the pastry and filling.

	Three pastries grammes	Fat content grammes	Per cent. butter fat in fat	Butter only grammes
Filling .. .. .	60	2.5	80	2.0
Pastry .. .. .	142	48.3	5.7	2.8
Total .. .. .	202	50.3	—	4.8

Thus the proportion of butter-fat in the total fat was 9.5 per cent. This proportion of butter-fat was also regarded as too low to warrant any mention of the word "butter" in a label or advertisement.

[An investigation was made at the bakery where Eccles cakes, said to contain glass, were made. No route of entry of glass particles was discovered, and in view of absence of proof that glass was already in the product at the time of retail sale, no further action was taken. The maker of Eccles cakes described as containing butter agreed to increase the proportion of butter. A later sample bearing the same name and claim was found to be satisfactory.]

A thorough enquiry into the circumstances in which Chorley cakes were packed in a wrapper with the words "containing pure butter" revealed some curious facts. One visit to the factory elicited the information that the major part of the butter required by the recipe was put into the currant filling. This statement was supported by a further detailed analysis, nevertheless the view was taken that the overall percentage of butter in the fat was insufficient to warrant a special claim on the label. On making a second visit to the factory, the Sampling Officer was informed by the principal of the business that he had decided a year ago to discontinue the claim and had ordered printed wrappers from which the words "containing pure butter" were omitted. These wrappers were used for many months, and then a further reprinting of wrappers was necessary. Labels were ordered from the printers, who made the mistake of copying the old wrapper instead of the current one. On delivery of the wrappers the presence of the unwanted words "containing pure butter" had not been noticed and the wrappers had gone into use. This explanation was supported by documents relating to printing orders at various dates, and an undertaking was given that care would be taken that no further unwarranted claims would be made. A suitable caution was administered.]

*Canned meat products*—minced meat loaf (informal). A slice of a canned product placed upon a slice of bread was the subject of a complaint by a private purchaser that the minced meat loaf contained foreign matter. Loosely bedded in the meat-product was a small hard mass somewhat porous in texture and having an irregular shape. This was found on analysis to consist of a piece of bone. While a piece of bone cannot be considered as entirely "foreign" to a meat-product, its presence could be evidence of lack of care during the process of manufacture. A similar can, opened in the laboratory, contained no similar fragments of bone.

[It was considered that no administrative action was justified. The complainant was satisfied.]

*Canned soup*—ox-tail soup (informal). This specimen was submitted in the original can bearing the packers' label with an overseas address. On examination, the contents were found to contain a piece of bone, resembling in shape a cross-section of ox-tail bone, and having greatest dimensions about  $1\frac{1}{4} \times 1\frac{1}{4} \times 1$ . In some circumstances the presence of bone might cause bodily harm. Three further similar cans contained no pieces of bone.

[The importers were notified and they communicated with the manufacturers, who claimed that in the country of origin consumers expect to find a piece of ox-tail bone in each can of ox-tail soup. No further action was taken.]

*Canned vegetables*—green beans (informal). A sample was submitted in an opened can which bore the packers' original label, and was examined with reference to the Colouring Matter in Food Regulations. A blue dyestuff was found and was identified as Brilliant Blue FCF. This substance is not included in the Schedule of permitted colouring matters. It appeared therefore that exportation of this product would be contrary to the Regulations. The label bore the statement "Product of the Union of South Africa." The use of Brilliant Blue FCF in food is permitted in South Africa, and also in U.S.A., Canada, Australia and some European countries.

[The importers were cautioned and requested to ensure that their suppliers would undertake to comply with the requirements of the Colouring Matter in Food Regulations.]



*Celery salt* (two informal samples). A sample was submitted in a glass jar bearing the packers' original printed label upon which the product was described as "finest ground celery salt." There was no other statement of ingredients. On analysis the sample was found to have the following approximate composition: Common salt, 25 per cent. ; ground celery seed, 75 per cent. It seems clear that the label fails to comply strictly with the requirements of the Labelling of Food Order (Articles 3 and 4). To comply with the Order the label should bear a statement of ingredients in the following order: Ground celery seed, salt.

Another sample was submitted in a screw-topped glass jar bearing the packers' original printed label. The wording included the net weight and the statement "Made in U.S.A." The only description on the label was the name of the product, "Celery salt." In particular there was no statement of ingredients; thus this label also failed to comply with the requirements of the Labelling of Food Order. On examination, the product was found to consist of: Common salt, 76 per cent. ; ground celery seed, 24 per cent. The label should have contained a statement in the following terms: Ingredients: Salt, ground celery seed. The ingredient present in the greater proportion, namely salt, should be stated first.

[The packer in the former case and the importer in the latter case were cautioned and urged to comply with the provisions of the Labelling of Food Order.]

*Coffee extract, dry* (informal). A sample of "instant coffee" was submitted in a lever-lid tin bearing a proprietary label declaring that the product was manufactured overseas. On analysis it was found to contain: Sulphur dioxide, 300 parts per million. This appeared to be in contravention of the Public Health (Preservatives, etc., in Food) Regulations, for dried coffee extract is not included in the Schedule of foodstuffs in which sulphur dioxide is permitted.

[It has been reported elsewhere that instant coffee from the same country as this sample had been found to contain sulphur dioxide, and that the source had been traced to the use of a sulphur-containing fuel in the preparation of the product. Since this has been corrected, it is considered sufficient to caution the importer.]

*Dried fruits, vine fruits—currants* (two formal). In one sample 13 mites and larvae were found, together with webbing and excreta. In another complete independent sample was found a small dirty mass consisting of old insect webbing and excreta.

[Inspections were made at the respective shops, and remaining stock of the sampled currants were surrendered. Retailers were cautioned.]

*Meat products—polony* (informal). On analysis this sample was found to contain preservative as follows: Sulphur dioxide, 170 parts per million. Polony is a cooked product ready for immediate consumption, and as such should not contain sulphur dioxide. The Preservatives Regulations provide that sausage containing raw meat, cereals and condiments may contain sulphur dioxide in a proportion not exceeding 450 parts per million. A corresponding formal sample was requested.

[Although repeated observations were made, this brand of polony was never again seen exposed for sale. Other brands were sampled and analysed and were found to be free from sulphur dioxide.]

*Meat products—sausages* (formal). A sample submitted as “sausages, preservative not declared,” was found to contain sulphur dioxide, and the amount present was reported on the certificate of analysis as 200 parts per million.

[No declaration of the presence of preservative was visible in the shop at the time of sale. On further enquiry it was found that the proprietors had given instructions for the display of a suitable notice, but that an inexperienced assistant had been unaware of her responsibilities. The proprietors were cautioned.]

*Pickles—pickled onions* (formal). On submitting a sample consisting of a small portion, the Sampling Officer supplied the list of ingredients from the original label as follows: “Pickled onions in malt vinegar, solution of acetic acid, caramel and salt.” As a result of analysis, the opinion was expressed that to comply with the Labelling of Food Order, “salt” should have been added before “caramel.”

[This minor infringement was brought to the attention of the packer. The label was amended.]

*Potatoes, peeled* (informal). A sample was drawn from a quantity of raw peeled potatoes, intended for sale on a large scale to caterers. On analysis a representative portion of this sample was found to contain preservative as follows: Sulphur dioxide, 130 parts per million. There is no provision in the Food Regulations permitting the use of sulphur dioxide in potatoes.

[The 1959 Food Standards Committee Report on Preservatives in Food recommends that the Regulations be amended to permit 50 parts per million of sulphur dioxide in whole raw peeled potatoes. The above sample far exceeds this proposed limit. The vendors were cautioned and decided to discontinue the sale of peeled potatoes. The producers were also cautioned, and they chose to cease production.]

*Sauce, other than tomato—horseradish and beetroot sauce* (informal). The vendors' printed label contained the following list of ingredients: “Horseradish, beetroot, solution of acetic acid, sugar and salt.” On analysis, the deeply coloured sauce was found to contain, in addition to the stated ingredients, a stuff which was identified as a substance scheduled in the Colouring Matter in Food Regulations as a permitted food-colour (namely Red 6B). To comply with the Labelling of Food Order, the presence of this added dyestuff should have been declared by the addition of the word “colouring” to the list of ingredients.

[Packers were cautioned and undertook to amend the label.]

*Soup powder* (informal). A sample was submitted in the original packet with printed matter including the description “Super Chicken Noodle Soup” and also a list of ingredients as follows: “Noodles, salt, chicken fat, meat, monosodium glutamate, spices, sugar, meat extract.” On examination the following undeclared ingredient was found: Potato starch, 5 per cent.

[The product was manufactured in this country on behalf of a foreign company. The manufacturers were cautioned, and their attention was drawn to the requirements of the Labelling of Food Order.]

*Sweets (sugar confectionery)* (two formal samples). A sample marked “quince and blackcurrant” and another called “pear drops” when examined with reference to the Colouring Matter in Food Regulations were found to contain a non-permitted food colour, namely Brilliant Blue FCF, and Rhodamine B respectively.



[Both factories were visited. At one factory (making "liquorice and blackcurrant" sweets), it was stated that there existed a considerable export trade with the U.S.A. and food colours used in that trade must comply with U.S.A. requirements. Brilliant Blue FCF was stocked because it is a permitted colour in the States, and its use in another product for home consumption was due to an oversight. When the other factory (the source of "pear drops") was visited, it was admitted that the management clearly understood that Rhodamine B was no longer permitted as a food colour. The old stock of this colour had been set aside in the colour-store but had not been destroyed, and had later been wrongly issued and used. An undertaking was given that the remaining quantities of the offending batches of sweets would be recalled and destroyed. Though assurances were given of every intention to comply with the Regulations in future, it was clear that there was reluctance to abandon this particular colour which has been almost universally used for the vivid pink colour in "seaside" peppermint rock for fifty years. Perhaps a comment may be added that, though there appears to be no reason why pear drops should have a vivid pink appearance on one side, there was some evidence that a less vivid coloured product sold much less readily.]

*Tapioca* (formal). This sample had the appearance of normal "seed tapioca" composed of rounded pellets from 1 to 2 millimetres in diameter. On microscopic examination, the starch grains showed the expected partly swollen condition as a result of heat treatment during manufacture. The examination also showed that the pellets were composed of a mixture of tapioca and sago starches, and that they contained from 5 to 10 per cent. of sago starch (sago starch grains being present in each pellet). Since the properties of the two starches are similar, the admixture of sago would not produce any observable change in use. Nevertheless, an article sold as tapioca should consist entirely of tapioca.

[Enquiries showed that the pellets were not manufactured in this country from raw starches but were imported already in the pellet form according to normal trading practice. The importers were cautioned and the recommendation was made to them to buy on a strict specification. It appeared from information given by other traders that in this country of origin sago starch was then cheaper than tapioca starch.]

## Drugs

*Indian brandee* (informal). This sample was submitted in the packer's original (one-ounce) bottle, bearing a label with wording including the description "Indian Brandee," and a list of quantitative particulars as follows: "Formula: Tinct. Cardam. Co. B.P., 3.75; Sp. Aether. Nitros B.P.C., 15.0; Tinct. Capsici Conc., 0.31; Syr. B.P. to 100.0." On analysis, the contents of the bottle were found to contain: Sugar, 61 per cent. wt./wt.; Alcohol, 16.2 per cent. vol./vol.; Ethyl nitrite, nil. Ethyl nitrite is the medicinally active constituent of spirit of nitrous ether, and is very volatile and easily lost. The liability to loss is very well known. The percentage of alcohol found indicates that the declared proportion of spirit of nitrous ether was probably added when the mixture was made. The inference is that the plastic screw-stopper with glazed-card liner, was quite inadequate to retain the vapour of ethyl nitrite, whose boiling-point, when alone, is 63°F.

[The manufacturer was interviewed. He took the view that the composition of the product followed established traditional lines for a popular remedy. He agreed that, if he chose to continue selling with the same



label, he must improve keeping quality. Such methods as refrigerated storage and airtight sealing of bottles were suggested. A caution was administered.]

*Slimming tablets* (two informal samples). The Sampling Officer had seen a pharmacist's window an advertisement for "slimming tablets", but when he asked for them in the shop they were offered to him as "Formula 120 Tablets." The words "Formula 120" do not convey any information as to composition and may be taken to be a proprietary name. The tablets were in a bottle having a printed label with a statement of the quantities of the active constituents, and a recommended dose. The declared ingredients were vegetable extracts whose composition is liable to natural variation. The results of analysis were incompatible with the composition stated. One ingredient, bladderwrack extract, has in the past been recommended for certain types of obesity (B.P.C. 4), other ingredients were purgatives in sub-minimal doses, together with a cathartic bitter.

A second (completely different) product in tablet form had a label with the words "for the treatment of obesity" and gave a dosage and a statement of ingredients with quantities. The declared ingredients included vegetable extracts whose composition is liable to natural variation. The results of analysis were not incompatible with the composition stated (again bladderwrack, and purgatives in sub-minimal doses).

[The circumstances in both instances were reported to the Pharmaceutical Society with a request to consider whether the sale of the respective products was in accordance with the ethical standards of the Society. They indicated that in their view the sale of slimming drugs should be discouraged, and that they would make representations to the pharmacist who sold the first preparation. The Sampling Officer later observed that the advertisement had been removed from the shop window. Referring to the second preparation, the Pharmaceutical Society pointed out that no qualified pharmacist was employed in the shop where it was sold and that responsibility rested on the manufacturers. The Society indicated that in these circumstances they had no power to exert control over the shop or the manufacturer. No further action was deemed practicable.]

*Tincture of iodine* (informal and formal). On analysis an informal sample was found to contain: Iodine, 3.9 per cent.; potassium iodine, 3.9 per cent. The B.P. requires 2.5 per cent. of each. Thus the excess of each ingredient was found to be 56 per cent. of the prescribed amount. Accordingly, a formal sample from the same source was requested. Results of analysis were: Iodine, 2.5 per cent.; potassium iodide, 2.8 per cent. The B.P., while requiring 2.5 per cent. of each of the above-named constituents, allows limits from 2.4 to 2.7 per cent. Thus the formal sample was found to have a composition only slightly outside the limits. This sample was recorded as unsatisfactory, and it was decided that a further formal sample should be procured after a suitable interval.

[It was later found impossible to procure a further formal sample of the corresponding product. A caution was administered.]

Notes on some samples which, though not classified as "adulterated or otherwise giving rise to irregularity," raised some points of analytical and administrative interest

*Chewing gum.* An informal sample consisted of a selection of sugar-coated balls of chewing-gum obtained from an automatic machine as a result of suggestion that the product was dirty. There were in the sample about 2 unwrapped balls about  $\frac{3}{4}$  in. in diameter. The balls were of different colours: mostly very bright, some individual colours only occurring upon one or two balls in the sample submitted. They were found to consist of a central ball of prepared chewing-gum, covered first with a white sugar-coating, and then over all with a thin coloured sugar-coating. The paler balls, white and yellow, had a dusty and soiled appearance, but on further examination this appearance was seen to be caused by the presence of very numerous flecks of dark colour transferred by adhesion from the darker coloured balls, some of which were intensely coloured or almost black. Apart from the presence of these dark flecks, the balls were considered to be reasonably clean. Further samples were procured so that all the dyestuffs present could be examined in relation to the Colouring Matter in Food Order. All the dyes were identified and there were no contraventions of the Order.

*Fruit gums (joke sweets).* Informal samples purchased at a Manchester shop were submitted as a result of a complaint made by a distant Food and Drug Authority. Visitors to Manchester had purchased similar sweets and their "victims" in the other area complained of distinctly harmful effects. The sample consisted of a number of small packets bearing printed wording as follows: "Hot Sweets, Fruit Gums, The Hottest Joke on Earth, Quite Harmless." Each packet contained six small coloured sweets with the appearance of "crystallized" fruit gums. From trials carried out in the laboratory it appeared that the sweets probably contained a small proportion of an extract of capsicum (cayenne pepper). In the proportion in which it was present the active substance was beyond the range of chemical identification, but a limiting-dilution tasting test was applied, as for Extract of Capsicum B.P.C. 1959. During the trials it was noted that the intensity of the taste varied somewhat among the different sweets, and it was observed that the most intense taste was associated with the surface of the sweets. The particular specimens submitted to this laboratory were not considered to be harmful. Variation in strength might have been a factor in the results experienced by the complainants, and the surprise-effect might have caused alarm. It was considered that no further action could be taken, but the complaint was brought to the notice of the vendors and the makers.

*Honey-in-comb.* A British bee-keeper made the allegation that honey-in-comb, sold in a named Manchester shop as home-produced honey, was in fact an imported product. The honey-comb had been built into a light wooden frame, and when the sample was submitted the comb appeared to be intact. The frame bore a label bearing printed matter including the description "Yorkshire Honey" and the separate word "Clover." A solution of the honey deposited numerous pollen-grains. From a microscopic examination of the pollen-grains, the tentative opinion was formed that a high proportion resembled clover pollen in appearance. Thus the laboratory examination disclosed nothing inconsistent with the statements on the label.

*Meat pies.* At the suggestion of the Association of Municipal Corporations 12 informal samples of meat pies were examined, and results were reported in accordance with a pre-arranged scheme as part of a review of the composition of meat pies from selected areas. Results were sent to the Food Standards



committee of the Ministry of Agriculture, Fisheries and Food. Pies bought in Manchester ranged in price from fivepence to three shillings, and percentages of meat, calculated on the weight of the whole pie, were found to range from 4 to 32.7. Twenty per cent. has been suggested as a reasonable minimum meat content for pies. The full results of the review are not yet available.

### Samples examined for the Health Department

To assist investigations by inspectors of the Sanitary Services Division, various special analyses or tests were made. Foreign bodies said to have been found in food were recognised in the following instances: A small caterpillar in canned tomatoes; mouse-dirt in the remains of a custard tart; a small moth (identified as a species of *Ephestia* by Dr. W. D. Hincks, of the Department of Entomology, Manchester Museum) in a meat-and-potato pie; a wasp in rhubarb-and-ginger jam; glass in damson jam; some fibrous material resembling brown paper from bread; "foreign matter" in canned chopped pork shown to be a small spot of burnt meat; numerous small objects in sterilized milk were seen to be mites (and were identified by Mr. Sayd of the University Zoological Department as *Dermanyssus gallinae*, the common red mite of poultry); a complaint that sour bread had been sold by a confectioner was referred to the Health Department by the confectioner himself; sulphur dioxide was measured in the air of a room following a complaint that coke-smokes escaped from a chimney.

[As far as possible, sources of foreign bodies and causes of other complaints were sought with a view to satisfying complainants and rectifying errors. In the case of the poultry-mites in milk, it was found that the complainant was a poultry-worker. He had removed the bottle cap (crown cork) while working and put it, wet side down, on a wooden bench. In this position it had attracted mites, and he had replaced it on the bottle carrying the mites with it.]

### Samples submitted by other Corporation departments

Parks and Cemeteries Department. Seven fertilizers were submitted. Their composition agreed with the statutory statements in six instances, but in the case of one informal sample of bone meal, analysis showed a serious deficiency in phosphoric acid.

Transport Department. A soap powder was found to comply with specification.

### Samples from other sources

(a) Port of Manchester Health Authority. The examination of imported foodstuffs by the Port Health Authority's inspectors led to the submission for analysis of samples which could be classified into the following main categories: 20 for preservatives (including four for anti-oxidants in edible oils and fats), 12 for colouring matters, seven for metallic contamination and eight for general examination.

A sample of a dyestuff was submitted because while it was being unloaded from a vessel it had been the cause of serious contamination of a foodstuff (maize grits) through an error of handling. The dyestuff was found to consist of powdered Rhodamine B, a substance formerly used as a food colour but not now included in the schedule of permitted food colours. The contaminated foodstuff was destroyed.

One foodstuff, submitted principally to be tested for compliance with the Food Preservatives Regulations, consisted of a canned pressurized concentrated sweetened fruit juice. The can, which appeared to be of a size suitable for



retail sale, carried a list of ingredients including a declaration of the presence of sodium benzoate, and a claim that the product was a rich source of vitamin C. After analysis the opinion was expressed that the proportion of benzoic acid somewhat exceeded that permitted by the Regulations and further that, for sale in this country (to comply with the Labelling of Food Order) the product should bear a declaration of the amount of vitamin C present. These comments referring to the label were communicated to the consignees, who gave an assurance that none of the material would be sold by retail.

Twenty samples of drinking water drawn from the fresh water tanks of vessels in the Port were submitted for analysis. The general purpose of the examination was to ascertain whether wholesome drinking water was available on ships, and chemical analysis did not reveal any evidence of unwholesomeness. In most instances corresponding bacteriological samples were submitted to the Regional Public Health Laboratory. A complaint that a ship's drinking water was discoloured was not supported by analysis of a sample taken by a Port inspector.

(b) Hospital. A sample of dust from a grain-ship was examined to assist in identifying the cause of dermatitis in a dock-worker.

(c) Private firms submitted the following samples to confirm suspected contamination or to assist in complying with legal requirements: Brandy containing 19 per cent. added water; sugar containing 5 per cent. flour; wine sediment suspected of containing "insects" (shown to consist of mycelial masses and filaments); a confectionery mix suspected of containing mouse dirt (found to consist of dark matter with minute metallic particles from a machine-bearing).

(d) Samples from private persons included: Breakfast-oats containing much mouse-dirt (later shown to be caused by mice in the complainant's house); a portion of bread with a small streak of branny and fibrous matter food kept in a locker at a works to be tested for poisons (suspected interference not confirmed by analysis).

## Drinking water and other water samples

The water samples examined during the year may be classified as follows:—

Samples taken to investigate complaints .. .. .	20
Routine and comparison examinations and checks on previous complaints ..	24
Examination of ships' drinking water .. .. .	20
Samples other than drinking water .. .. .	6
Total number of samples .. .. .	<hr/> 70 <hr/>

The public analyst's laboratory is concerned with the public health aspect of water from the chemical point of view, and the "wholesomeness" of the water supply is the primary consideration. The corresponding responsibility from the bacteriological point of view is borne by the Regional Public Health Laboratory. From the point of view of water engineering and the supply of pure water, analyses of drinking water are also carried out in the Waterworks Department Laboratory. Helpful relations exist with these two other laboratories, and information of mutual interest is exchanged.

The number of samples taken to investigate complaints was smaller than usual, and it may be assumed that the condition of the supply has more completely satisfied the general public. The complaints again fell mainly into two groups, those concerning discoloration, opalescence and sediment (eight in number, of which four were considered to be justified in some degree), and

those referring to "insects" or water-fleas (numbering nine, only three of which were considered to be justifiable and these to a minor extent). Other complaints concerned the taste of the water or suggested that it had caused illness.

The Port Health Authority submitted 20 samples during the year, as previously noted under "Samples from other sources." Six samples of ground water were submitted to investigate any health risk to workers in contact with the water.

Measurement of atmospheric pollution

Results of analytical tests for the assessment of air pollution have been communicated to the Atmospheric Pollution Division of the Department of Scientific and Industrial Research for publication in their *Atmospheric Pollution Bulletin*.

- The following standard equipment has been maintained in operation:—
- 8 deposit gauges, for the full analysis of deposited matter.
  - 3 lead-peroxide cylinders, for the gravimetric determination of sulphur pollution.
  - 2 sets of the volumetric apparatus for daily sulphur dioxide and smoke measurement.
  - 1 volumetric apparatus for smoke only.

Laboratory work in carrying out the various measurements and analyses amounted to more than 2,400 separate determinations by standardized methods.

Volumetric apparatus for sulphur dioxide and smoke

Rusholme

	Daily average sulphur dioxide— parts per 100 million					Daily average smoke— milligrams per 100 cubic metres				
	1960	1959	1958	1957	1956	1960	1959	1958	1957	1956
January .. .. .	17.1	30.0	17.6	11.7	18.3	55	105	43	25	35
February .. .. .	14.9	17.2	12.2	11.8	20.6	49	56	36	26	52
March .. .. .	7.9	8.7	12.2	8.7	9.7	26	30	29	27	24
April .. .. .	9.0	8.8	11.3	8.7	11.6	25	27	26	17	28
May .. .. .	5.9	7.1	6.3	6.9	7.0	17	19	20	21	18
June .. .. .	4.2	5.3	6.7	5.4	6.5	8	12	22	16	19
July .. .. .	4.1	4.3	6.1	5.5	4.9	12	14	18	16	15
August .. .. .	5.1	4.3	4.4	5.7	6.2	17	11	19	16	23
September .. .. .	6.5	6.4	5.1	7.2	6.3	25	22	25	21	22
October .. .. .	11.3	7.7	9.5	10.0	12.1	41	25	32	33	33
November .. .. .	11.5	11.5	22.4	15.8	16.4	43	44	76	38	37
December .. .. .	19.0	9.2	19.8	15.5	11.7	66	35	50	39	31
Average daily figure over all year .. ..	10	10	11	9	11	32	33	33	25	28

# Maximum and minimum observations

## Sulphur dioxide

Maximum	8th January	69.4 parts per 100 million
Minimum	8th June	1.3 parts per 100 million

## Smoke

Maximum	8th November	232 milligrams per 100 cubic metres
Minimum	23rd June	2 milligrams per 100 cubic metres

# Volumetric apparatus for sulphur dioxide and smoke

## Central

	Daily average sulphur dioxide— parts per 100 million 1960	Daily average smoke—milligrams per 100 cubic metres 1960
January .. .. .	24.0	53
February .. .. .	21.3	46
March .. .. .	11.7	22
April .. .. .	12.2	25
May .. .. .	8.3	17
June .. .. .	5.1	9
July .. .. .	5.7	13
August .. .. .	6.2	18
September .. .. .	7.9	23
October .. .. .	12.1	33
November .. .. .	16.6	36
December .. .. .	25.6	48
Average daily figure over all year .. ..	13.1	29

# Maximum and minimum observations

## Sulphur dioxide

Maximum	8th January	95.5 parts per 100 million
Minimum	9th June	1.9 parts per 100 million

## Smoke

Maximum	8th January	234 milligrams per 100 cubic metres
Minimum	19th and 20th June	1 milligram per 100 cubic metres



# Volumetric apparatus for smoke

## Brownley Green

						Daily average smoke-milligrams per 100 cubic metres 1960
January	..	..	..	..	..	40
February	..	..	..	..	..	34
March	..	..	..	..	..	17
April	..	..	..	..	..	16
May	..	..	..	..	..	14
June	..	..	..	..	..	6
July	..	..	..	..	..	6
August	..	..	..	..	..	13
September	..	..	..	..	..	20
October	..	..	..	..	..	30
November	..	..	..	..	..	24
December	..	..	..	..	..	53
Average daily figure over all year						23

### Maximum and minimum observations

#### Smoke

Maximum	7th December	147 milligrams per 100 cubic metres
Minimum	27th May, 19th, 20th June, 6th, 9th, 14th July, 3rd August	3 milligrams per 100 cubic metres

### D.S.I.R. lead peroxide instrument

Sulphur pollution expressed as milligrams  $\text{SO}_3$  per 100 square centimetres exposed surface per day. Results reduced to "Batch A" lead peroxide.

						Monsall		Rusholme		Withington	
						1960	1959	1960	1959	1960	1959
January	..	..	..	..	..	5.1	7.3	3.7	5.1	2.9	4.0
February	..	..	..	..	..	5.2	5.4	3.3	2.9	2.4	2.2
March	..	..	..	..	..	3.6	3.9	2.5	2.0	2.1	1.5
April	..	..	..	..	..	3.4	3.7	2.1	1.8	1.3	1.3
May	..	..	..	..	..	2.4	2.1	1.6	1.5	1.2	1.1
June	..	..	..	..	..	1.9	2.0	1.0	1.2	0.8	0.6
July	..	..	..	..	..	2.5	1.7	1.2	1.0	0.6	0.6
August	..	..	..	..	..	2.0	1.8	0.9	1.0	0.7	0.7
September	..	..	..	..	..	2.7	2.1	1.5	No Record	1.0	1.0
October	..	..	..	..	..	3.2	3.6	2.5	1.8	2.1	No Record
November	..	..	..	..	..	5.4	5.3	2.5	2.4	1.8	2.0
December	..	..	..	..	..	5.6	5.4	3.2	2.6	2.6	1.7
Overall average						3.6	3.7	2.2	2.1	1.6	1.5

# D.S.I.R. lead peroxide instrument

Sulphur pollution expressed as milligrams  $\text{SO}_3$  per 100 square centimetres exposed surface per day. Results reduced to "Batch A" lead peroxide

(louvered cover)

$S_6$  = mean results May/September.

$W_6$  = mean results November/March.

$Y_{12}$  = yearly mean April/March.

Station	Summer— $S_6$	Winter— $W_6$	Year— $Y_{12}$
	1960	1960-61	1960-61
Monsall .. .. .	2.3	5.0	3.6
Rusholme .. .. .	1.2	2.5	2.0
Withington .. .. .	0.9	1.9	1.5

The above table is set out in the form adopted by the D.S.I.R. for this instrument.

# D.S.I.R. deposit gauge

Tons of deposit per square mile

Monthly averages

Station	Rainfall (inches)		Insoluble matter		Soluble matter		Total solids	
	1960	1959	1960	1959	1960	1959	1960	1959
Baguley .. .. .	2.8	1.9	4.83	2.88	3.87	3.17	8.70	6.06
Booth Hall. . . . .	3.3	2.3	9.26	7.51	7.05	6.69	16.31	14.20
Heaton Park .. .. .	3.6	2.5	7.40	6.16	5.66	5.31	13.06	11.47
Monsall .. .. .	3.2	2.0	9.61	8.60	7.44	6.82	17.05	15.42
Philips Park .. .. .	3.3	2.2	19.65	14.38	10.17	8.61	29.82	22.99
Rusholme .. .. .	3.3	2.2	11.76	11.90	7.62	7.03	19.38	18.93
Withington .. .. .	3.2	1.9	6.72	6.17	5.85	4.97	12.57	11.14
Average for above gauges .. ..	3.2	2.1	9.89	8.23	6.81	6.09	16.70	14.32
Knowle House. *(Handforth) ..	3.0	2.0	3.40	3.20	4.29	3.85	7.69	7.05

\* Results are recorded for comparison

Owing to the increasing unsuitability of the Knowle House Site, caused by encroachment of building development, measurements were discontinued from 1st October, 1960. Another month's measurements were excluded owing to interference with the gauge. The average for 1960 at this site is therefore based on eight months' readings only. For purposes of comparison in future the gauge has now been re-sited at Styal.

**Veterinary Services**

FOOD AND DRUGS ACT, 1955

Meat and Food Inspection

Approved lairages

Slaughterhouses Hygiene Regulations, 1958

School canteens

Bacteriological examination of shellfish

SLAUGHTERHOUSES ACT, 1958

New abattoir—progress report

SLAUGHTER OF ANIMALS ACT, 1958

Licences to slaughter

MERCHANDISE MARKS ACT, 1926

PET ANIMALS ACT, 1951

DISEASES OF ANIMALS ACT, 1950

MEAT (STAINING & STERILIZATION) REGULATIONS, 1960

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

DISEASES OF ANIMALS ACT, 1950

*Notifiable diseases*

Anthrax

Brucellosis

Foot and mouth disease

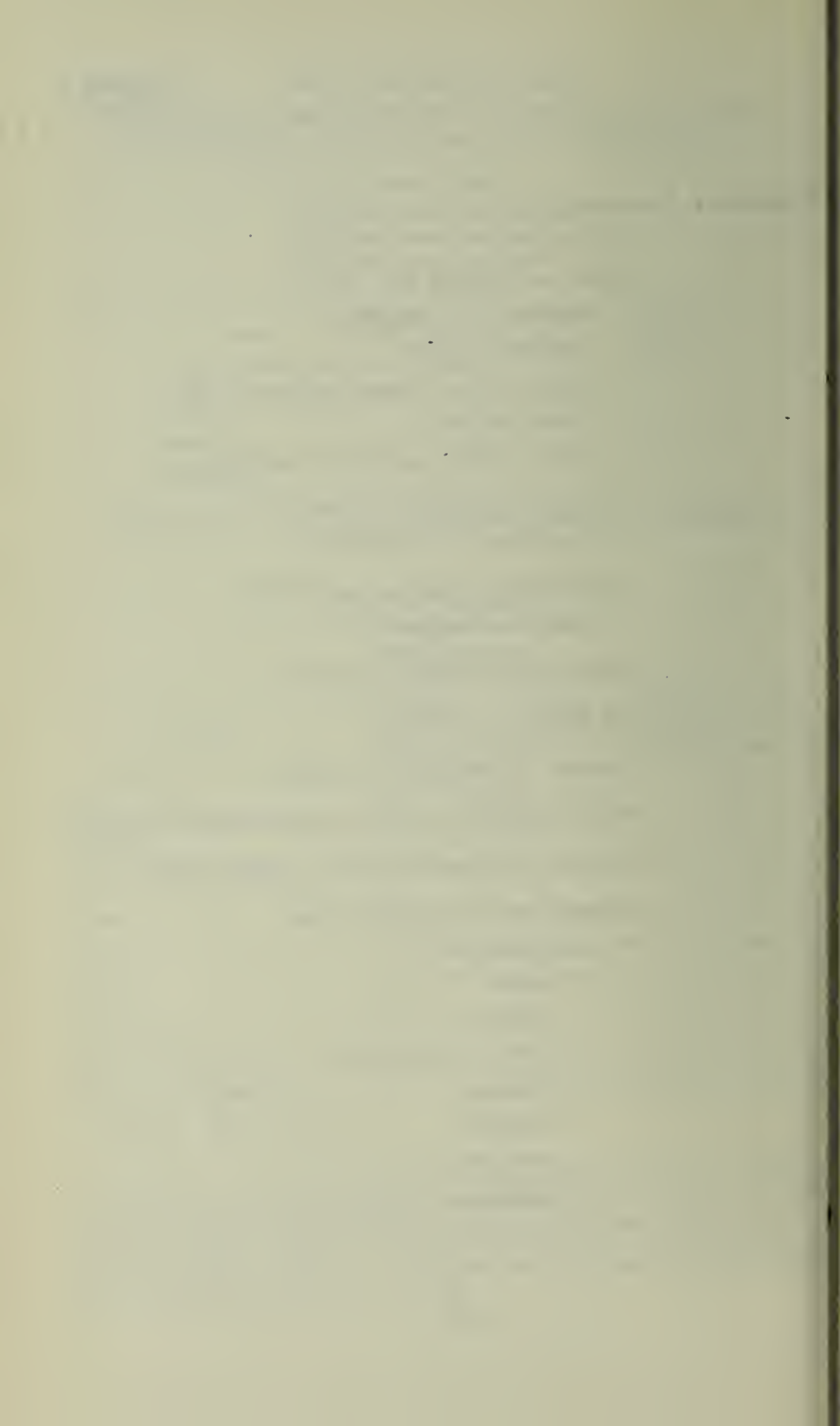
Fowl pest

Sheep scab

Swine fever

Tuberculosis





## VETERINARY SERVICES

**F. P. Lawton, M.R.C.V.S., D.V.S.M., Chief Veterinary Officer**

The retirement of D. E. Orr, M.R.C.V.S., F.R.S.H., took place on April 20th after thirty-four years' service.

Mr. Orr commenced his duties as Assistant Veterinary Officer on 1st April, 1926 and was appointed Chief Veterinary Officer on 10th October, 1944.

His experience and ability set the high standard which exists in the Department for the inspection and supervision of meat and other foods and his help in suggesting improvements to be incorporated in the plans of the new abattoir was of the utmost value.

The declaration that England and Wales was to be an "Attested Area" as from 1st October means that for practical purposes tuberculosis in cattle is now non-existent in England and Wales and in Scotland. This fact is reflected in the condemnation figures in Table E and it is to be expected that this will ultimately result in a changing emphasis in meat inspection.

### Meat and food inspection

Slaughtering of animals has been confined to the City abattoir and two private slaughterhouses, and every effort has been made to ensure that all meat exposed for sale has been inspected.

TABLE A

Animals inspected at time of slaughter at the City Abattoir 1951-60

Year	Cattle	Sheep and lambs	Calves	Pigs	Goats
1951 .. ..	80,852	216,399	52,259	6,403	4,273
1952 .. ..	97,467	194,143	44,755	7,718	3,780
1953 .. ..	68,400	232,182	31,720	17,466	909
1954 .. ..	65,313	230,662	27,425	31,978	6
1955 .. ..	72,278	358,426	25,642	48,034	—
1956 .. ..	73,791	402,691	22,501	46,395	—
1957 .. ..	77,832	362,914	18,026	33,259	—
1958 .. ..	72,975	321,502	12,721	34,232	—
1959 .. ..	72,364	446,688	9,878	28,310	—
1960 .. ..	81,726	374,397	16,518	24,474	—

TABLE B  
Total condemnation of various foodstuffs 1951-60

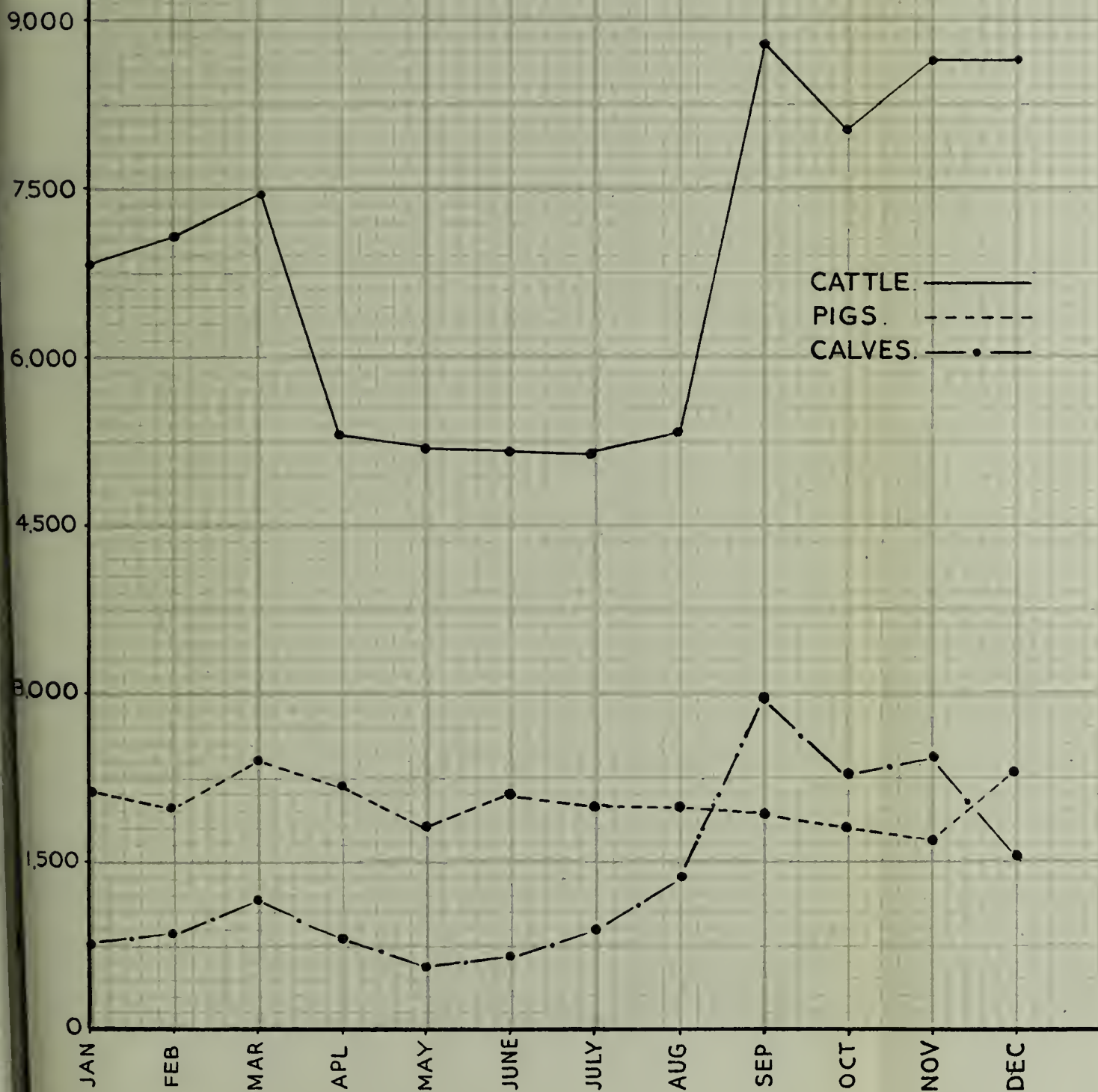
	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Meat (tons) . . . .	954.75	1,113.5	775.0	690.0	514.25	411.25	256.12	235.0	227.0	154.0
Fish and shellfish (tons) . . . .	160.00	79.25	57.5	55.75	44.5	48.0	41.87	39.5	46.25	46.0
Fruit (tons) . . . .	83.75	91.5	81.0	57.75	64.25	85.0	66.62	64.75	66.5	78.0
Vegetables (tons) . .	109.5	61.0	23.0	94.5	61.75	86.5	146.5	135.25	135.5	178.0
Game (head) . . . .	675	184	658	704	1,213	593	386	278	748	300
Poultry (head) . . .	7,419	5,048	4,130	6,712	5,923	3,942	4,468	3,850	6,115	4,700
Rabbits (head) . . .	12,610	17,372	9,587	9,925	3,967	407	300	272	550	400
Eggs (number) . . . .	1,614	900	2,198	4,844	2,552	8,846	4,452	7,060	30	
Canned meats, milks and sundry provisions (tons)..	60.5	45.5	36.25	30.0	37.62	29.75	27.75	19.25	19.25	29.0

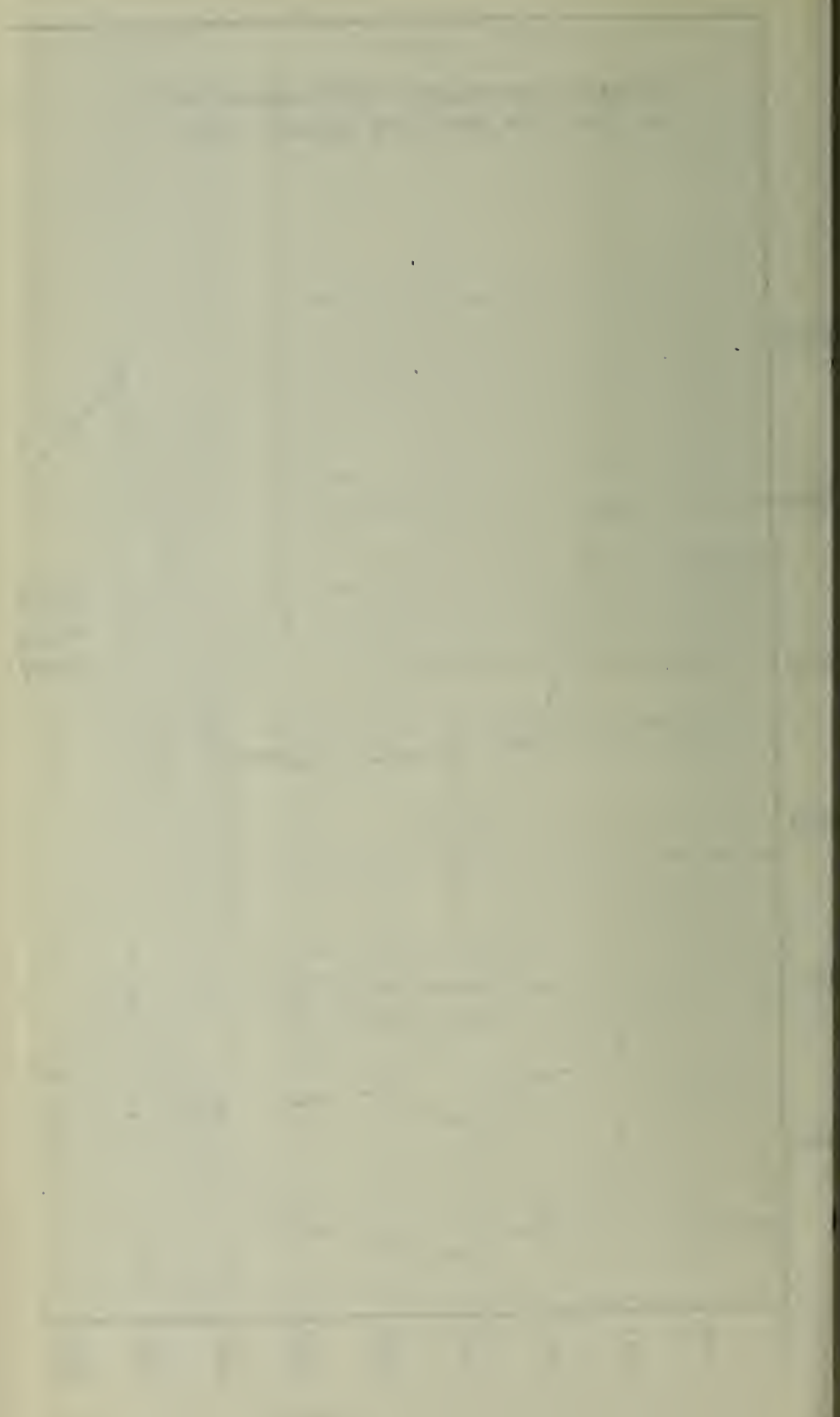
TABLE C  
Meat condemned at the City Abattoir and Wholesale Meat Market

	1960	1959
Total weight of meat condemned at the City Abattoir and Meat Market . . . . .	144.07 tons	195.62 tons
Of which the weight of dressed meat consigned from places other than the City was . . . . .	8.54 tons	4.12 tons
Included in which were imported offals amounting to . . .	1,740 lbs.	785 lbs.

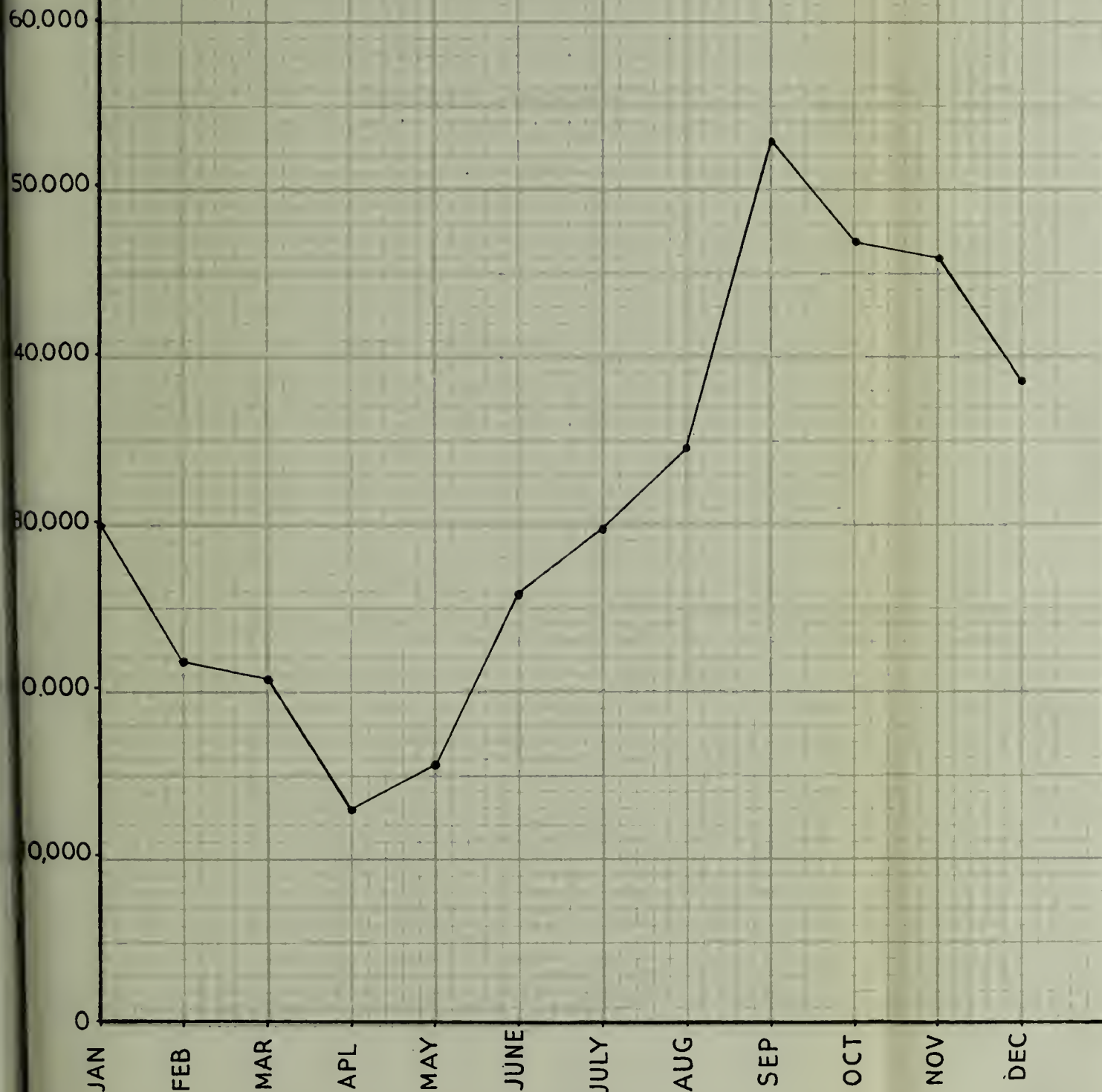


# ANIMALS INSPECTED AFTER SLAUGHTER AT THE CITY ABATTOIR DURING 1960

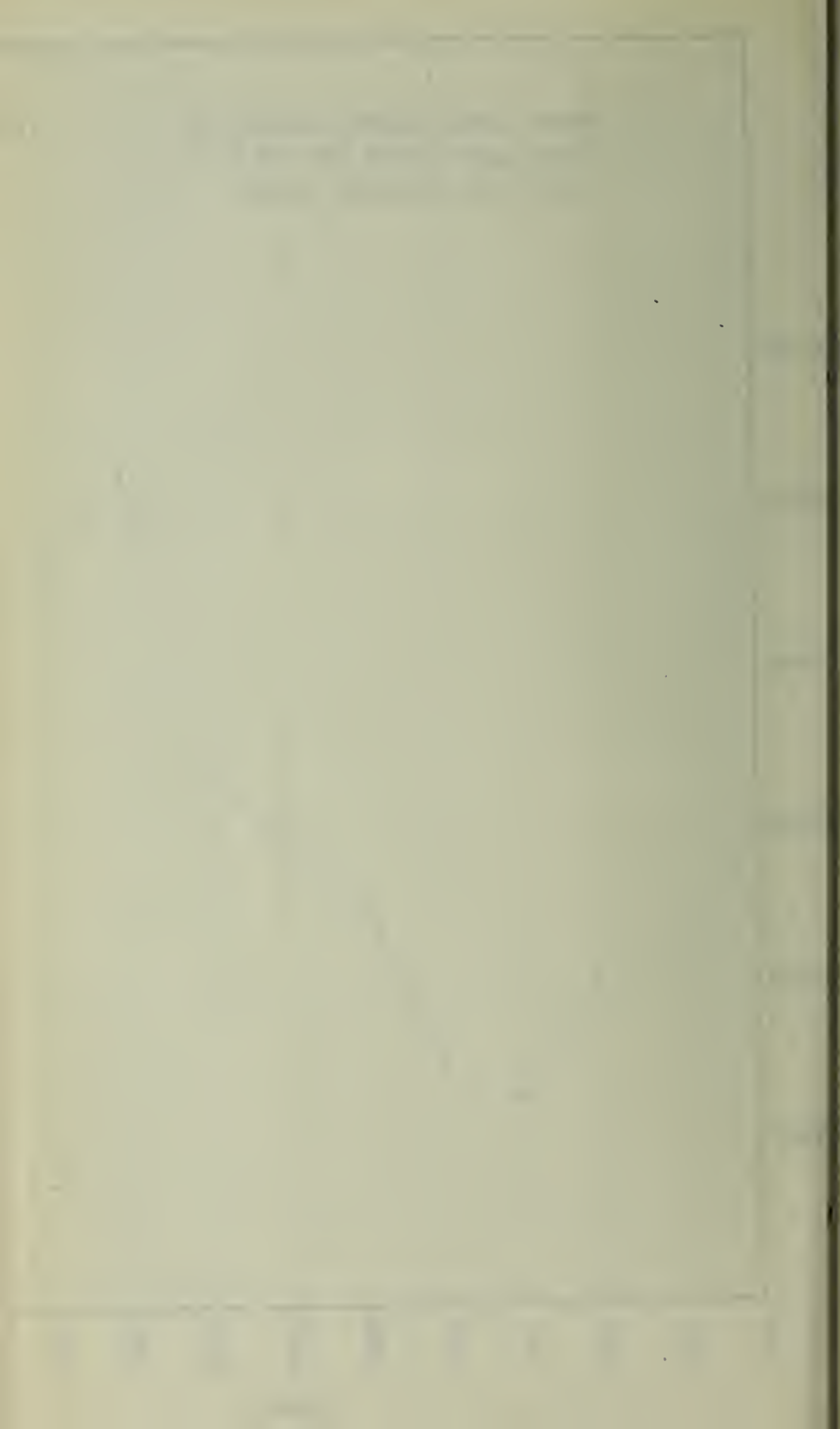




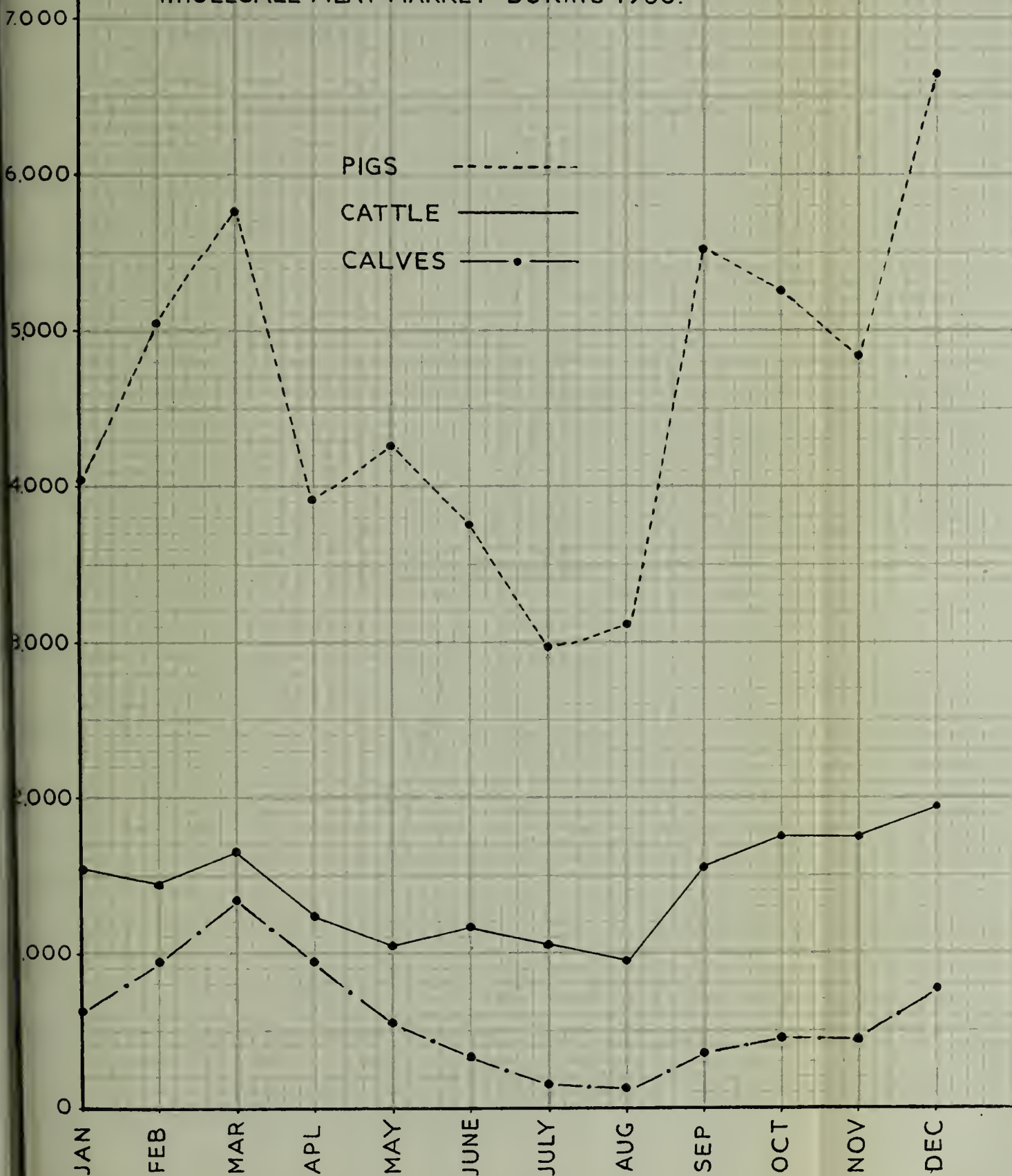
SHEEP AND LAMBS INSPECTED  
AFTER SLAUGHTER AT THE CITY  
ABATTOIR DURING 1960.







COUNTRY DRESSED CARCASSES INSPECTED AT THE  
PLACE OF SLAUGHTER AND EXPOSED FOR SALE IN THE  
WHOLESALE MEAT MARKET DURING 1960.

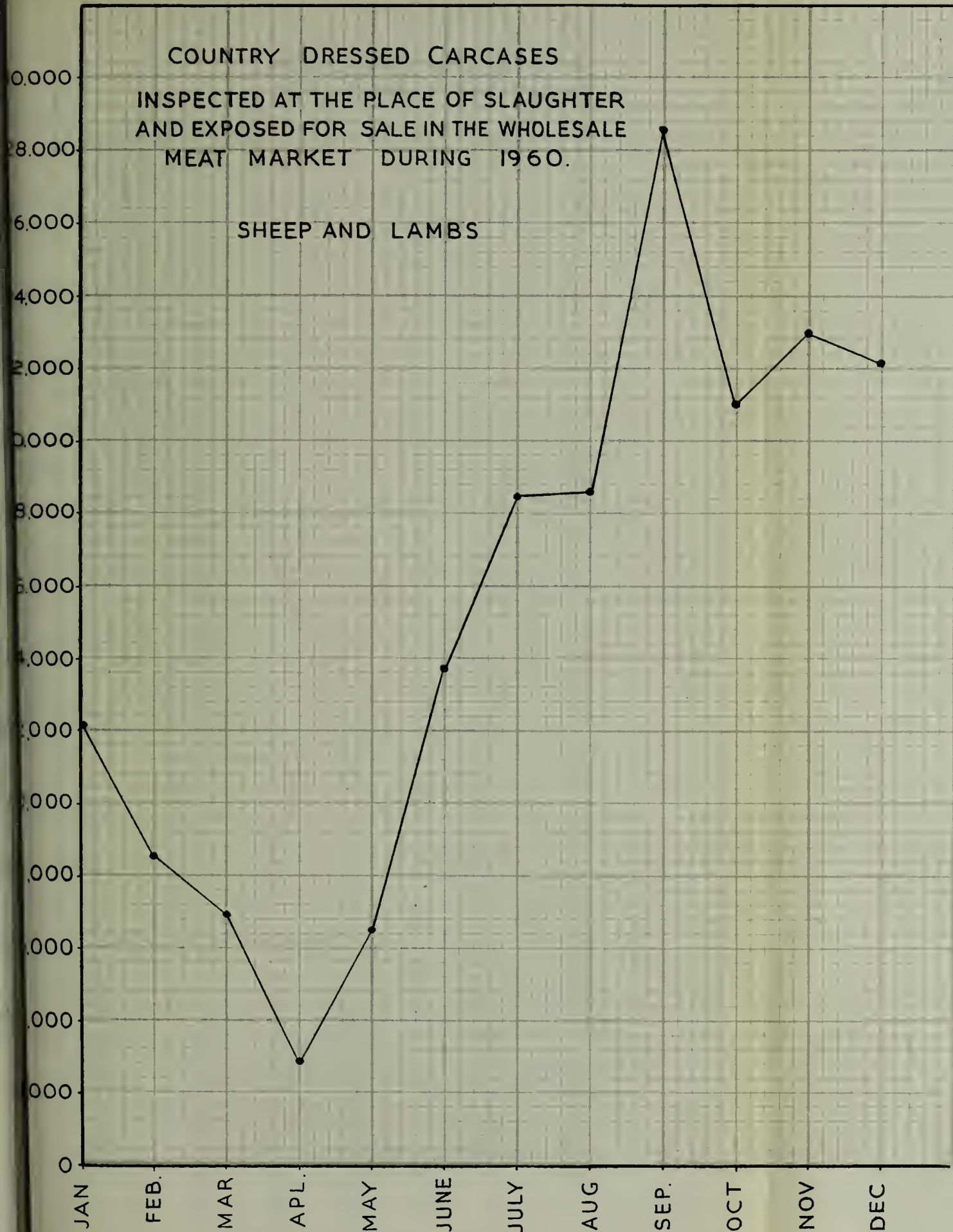






COUNTRY DRESSED CARCASSES  
INSPECTED AT THE PLACE OF SLAUGHTER  
AND EXPOSED FOR SALE IN THE WHOLESALE  
MEAT MARKET DURING 1960.

SHEEP AND LAMBS

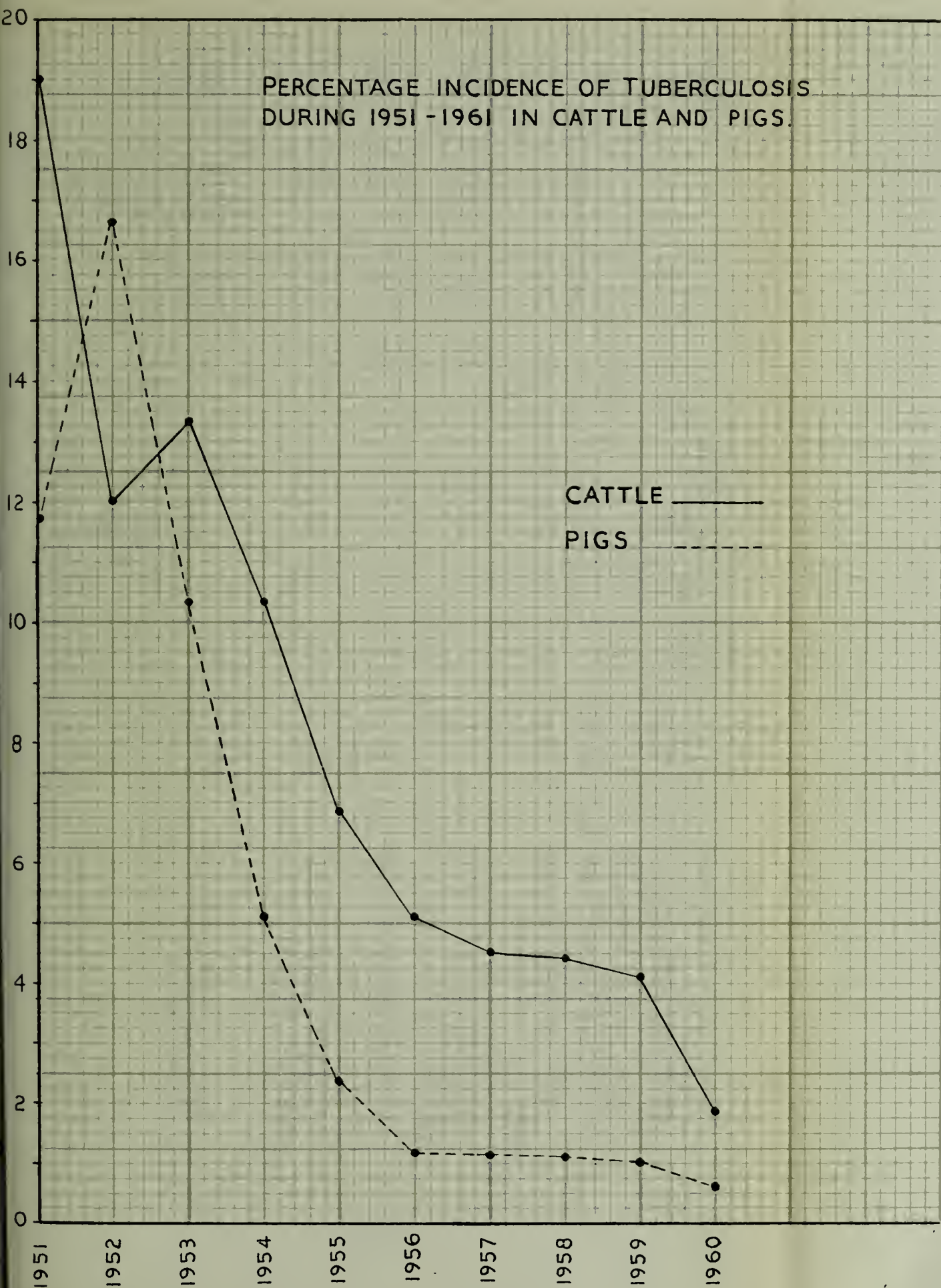


The following table shows the results of the  
 experiments conducted at the University of  
 Cambridge, during the year 1881, on the  
 subject of the influence of the position of the  
 body on the rate of respiration.

TABLE I.

Position of Body	Rate of Respiration (per minute)
Supine	12.5
Sitting	13.5
Standing	14.5
Walking	15.5
Running	16.5
Jumping	17.5
Swimming	18.5
Climbing	19.5
Descending	20.5
Ascending	21.5
Descending	22.5
Ascending	23.5
Descending	24.5
Ascending	25.5
Descending	26.5
Ascending	27.5
Descending	28.5
Ascending	29.5
Descending	30.5
Ascending	31.5
Descending	32.5
Ascending	33.5
Descending	34.5
Ascending	35.5
Descending	36.5
Ascending	37.5
Descending	38.5
Ascending	39.5
Descending	40.5
Ascending	41.5
Descending	42.5
Ascending	43.5
Descending	44.5
Ascending	45.5
Descending	46.5
Ascending	47.5
Descending	48.5
Ascending	49.5
Descending	50.5
Ascending	51.5
Descending	52.5
Ascending	53.5
Descending	54.5
Ascending	55.5
Descending	56.5
Ascending	57.5
Descending	58.5
Ascending	59.5
Descending	60.5
Ascending	61.5
Descending	62.5
Ascending	63.5
Descending	64.5
Ascending	65.5
Descending	66.5
Ascending	67.5
Descending	68.5
Ascending	69.5
Descending	70.5
Ascending	71.5
Descending	72.5
Ascending	73.5
Descending	74.5
Ascending	75.5
Descending	76.5
Ascending	77.5
Descending	78.5
Ascending	79.5
Descending	80.5
Ascending	81.5
Descending	82.5
Ascending	83.5
Descending	84.5
Ascending	85.5
Descending	86.5
Ascending	87.5
Descending	88.5
Ascending	89.5
Descending	90.5
Ascending	91.5
Descending	92.5
Ascending	93.5
Descending	94.5
Ascending	95.5
Descending	96.5
Ascending	97.5
Descending	98.5
Ascending	99.5
Descending	100.5

PERCENTAGE INCIDENCE OF TUBERCULOSIS  
DURING 1951-1961 IN CATTLE AND PIGS.





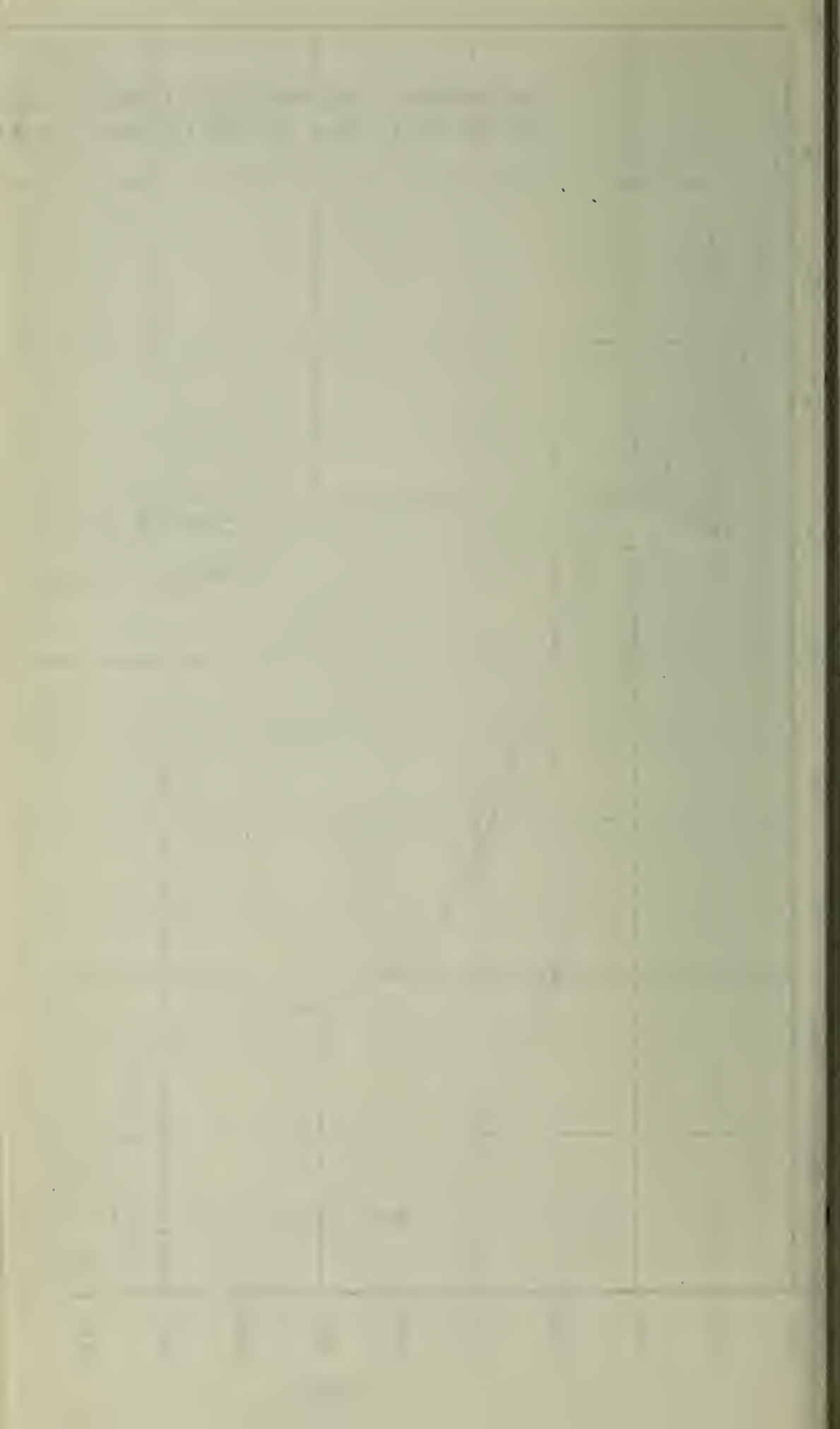


TABLE D  
Carcases inspected and condemned during 1960

	Cattle excluding cows	Cows	Calves	Sheep and lambs	Pigs
<i>Number killed and inspected—</i>					
At the City Abattoir .. .. .	55,591	26,135	16,518	374,397	24,474
Brought into the City after killing .. .. .	17,122		7,116	183,356	55,158
Figure for 1959 .. .. .	(14,363)		(7,253)	(127,611)	(55,252)
<i>All diseases except tuberculosis—</i>					
Whole carcases condemned:—					
At the City Abattoir .. .. .	52		33	283	90
Brought into the City after killing .. .. .	5		8	45	10
<i>Carcases of which some part or organ was condemned:—</i>					
At the City Abattoir .. .. .	3,725		5	180	1,204
Brought into the City after killing .. .. .	77		1	21	41
<i>Percentage of the number inspected affected with disease other than tuberculosis:—</i>					
At the City Abattoir .. .. .	4.62		0.23	0.124	5.28
Brought into the City after killing .. .. .	0.47		0.126	0.036	0.092
<i>Tuberculosis only—</i>					
Whole carcases condemned:—					
At the City Abattoir .. .. .	21	45	—	—	3
Brought into the City after killing .. .. .	—		—	—	1
<i>Carcases of which some part or organ was condemned:—</i>					
At the City Abattoir .. .. .	285	1,198	—	—	160
Brought into the City after killing .. .. .	1		—	—	—
<i>Percentage of the number inspected affected with tuberculosis:—</i>					
At the City Abattoir .. .. .	0.55	4.76	—	—	0.66
Brought into the City after killing .. .. .	(0.841)	(10.41)	(0.03)	—	(1.04)
1959 .. .. .	(0.005)	(None)	—	—	Negligible
1959 .. .. .			—	—	(Negligible)

### Causes of condemnation

The weight of meat and offal condemned from the various causes specified was as follows:—

	Meat lbs.	Offal lbs.	Total year ended 31st December, 1960	Total year ended 31st December 1959
†Tuberculosis .. .. .	54,291	114,990	169,281	322,951
Fever .. .. .	5,319	1,341	6,660	3,934
Injury .. .. .	6,514	1,315	7,829	7,981
Dropsy .. .. .	13,616	4,584	18,200	22,685
Dropsy (with emaciation) .. ..	2,031	213	2,244	—
Parasitic .. .. .	—	10,648	10,648	6,776
Asphyxiation .. .. .	2,394	580	2,974	4,068
Emaciation .. .. .	4,353	669	5,022	3,258
Unmarketable .. .. .	5,163	74	5,237	462
Tumours .. .. .	260	1,344	1,604	1,250
Abscess .. .. .	4,856	29,408	34,264	24,296
Enteritis .. .. .	—	—	—	20
Cirrhosis .. .. .	—	152	152	538
T. echinococcus .. .. .	—	1,792	1,792	402
Pleurisy .. .. .	241	3,159	3,400	1,650
Anaemia .. .. .	—	—	—	106
Bone taint .. .. .	6,175	—	6,175	8,780
Erysipelas .. .. .	—	—	—	115
Congestion .. .. .	1,098	5,681	6,779	4,357
Septicaemia .. .. .	3,295	1,061	4,356	2,083
Actinomycosis .. .. .	45	6,795	6,840	3,977
Icterus .. .. .	34	9	43	156
Inflammation .. .. .	68	205	273	58
Melanosis .. .. .	20	105	125	63
Nephritis .. .. .	500	522	1,022	769
Degeneration .. .. .	—	—	—	160
Peritonitis .. .. .	1,239	2,359	3,598	425
Pneumonia .. .. .	232	2,671	2,903	2,848
Pericarditis .. .. .	40	962	1,002	1,050
Johnes' disease .. .. .	960	2,102	3,062	1,070
Mastitis .. .. .	80	—	80	1,060
Pyæmia .. .. .	779	83	862	617
Necrosis .. .. .	96	40	136	448
Swine fever .. .. .	509	178	687	1,230
Cysticercus bovis .. .. .	380	360	740	842
Immature .. .. .	371	105	476	41
Uraemia .. .. .	100	146	246	38
Metritis .. .. .	—	114	114	1,253
Black spot .. .. .	—	—	—	870
Leukaemia .. .. .	—	—	—	746
Ascaris .. .. .	—	84	84	29
Pigmentation .. .. .	350	130	480	—
Decomposition .. .. .	27,338	8,782	36,120	75,319
Totals .. .. .	142,747	202,763	345,510 lbs. *154.25 tons	508,781 lbs 227 tons

\* The above includes canned meats surrendered at the Chief Inspector's office and meat condemned at shops, warehouses, etc., a total of 20 tons.



†NOTE.—The number of condemnations in respect of tuberculosis was as follows:—

	Year ended	
	1960	1959
Whole carcasses of:—		
Beef .. .. .	66	152
Veal .. .. .	—	2
Pork .. .. .	4	12
Part carcasses and organs:—		
Beef .. .. .	1,484	2,855
Veal .. .. .	—	1
Pork .. .. .	160	284

Amount of unwholesome food condemned

	1960	1959
	lbs.	lbs.
MEAT:—		
Beef .. .. .	283,954	412,219
Mutton .. .. .	18,464	17,882
Veal .. .. .	1,852	1,665
Pork .. .. .	39,500	76,230
Imported offal .. .. .	1,740	785
	345,510 = 154.24 tons	508,781 = 227.12 tons
	lbs.	lbs.
FISH:—		
Fish .. .. .	92,841	99,879
Shellfish .. .. .	10,240	3,570
	103,081 = 46.01 tons	103,449 = 46.18 tons
	head	head
GAME .. .. .	355	746
POULTRY .. .. .	4,707	6,116
RABBITS .. .. .	489	550
	lbs.	lbs.
FRUIT .. .. .	176,158 = 78.64 tons	149,091 = 66.55 tons
VEGETABLES .. .. .	400,773 = 178.91 tons	303,574 = 135.55 tons
MISCELLANEOUS:—		
Eggs .. .. .	No. 18	No. 30
	lbs.	lbs.
Evaporated, condensed and other milks .. .. .	1,328	1,478
Canned meats and meat products .. .. .	52,893	20,254
Sundry provisions .. .. .	11,236	21,574
	65,457 = 29.22 tons	43,306 = 19.33 tons

Poultry and game, fruit and vegetables, provisions etc., destroyed as being unfit for human consumption, during 1960.

[illegible]

## Food and Drugs Act, 1955

## Slaughter of Animals (Amendment) Act, 1954

Approved lairages

Licences issued for the use and occupation as Lairages for Animals Awaiting Slaughter Numbered 3.

Number of visits made, 143.

## The Slaughterhouse Hygiene Regulations, 1958

Legal proceedings under these Regulations were taken against one person, the charge being, "Carrying a forequarter of beef on his shoulder and not wearing a washable head cover." A fine of £2 was imposed.

Food Hygiene Regulations, 1955

Food Hygiene (General) Regulations, 1960

Several contraventions of these Regulations have been observed and recorded for reference, verbal warnings being issued in each case to the effect that any repetition of offences under these Regulations would be reported with a view to the consideration of legal proceedings.

Ancillary services

School canteens

Routine visits to school canteens . . . . .	429
Routine visits made to central kitchens supplying meals to schools . . . . .	107
Visits made by special request . . . . .	11

The object of these visits is to check that the quality, quantity and cut of the meat are not misrepresented on the invoices supplied.

Bacteriological examination of shellfish

It is usual, in these days, for shellfish to arrive in sealed containers, this being the criterion of their contents having passed through purification tanks. Samples of all shellfish which do not arrive in sealed containers, and a proportion of those which do so arrive, are submitted for bacteriological examination.

Number of samples submitted, 25.

Certificates for exported meat

Number issued, 87.

The certificates are required by the countries importing the meat in order to safeguard the health of the human and animal populations. They consist of signed statements that the meat or meat products have been subjected to ante- and post-mortem examinations and found to be free from disease and that the preparation was undertaken in a hygienic manner.

Slaughterhouses Act, 1958

New abattoir progress report

On the 12th April a Stone was unveiled by the Lord Mayor, Alderman Harold Quinney, D.L., J.P., to commemorate the start of the construction of the new abattoir. Tenders for contracts have been invited and construction is expected to commence in the near future.

Amongst the many shortcomings of the present abattoir is the inadequacy of the lairage accommodation, which necessitates constant vigilance of the staffs of both the Markets and Health Departments in order to prevent it becoming overcrowded to the detriment of the animals. At this stage it might be appropriate to express the appreciation of the Veterinary Services Division of the co-operation of the Markets Department in this respect, without which the position would have been most difficult to maintain. The benefits which will accrue to the animals awaiting slaughter should, of themselves, constitute complete justification of the construction of a new abattoir.

As an abattoir the buildings are obsolete and cannot be made to satisfy the requirements of the Slaughterhouse Hygiene Regulations.



### *The Slaughter of Animals Act, 1958*

This stipulates that all animals shall be stunned prior to slaughter and that any person who slaughters an animal must hold either a Licence to Slaughter or A Provisional Licence to Slaughter. A Provisional licence to Slaughter is issued until the applicant has passed a Test of Efficiency in Slaughtering.

Number of licences issued .. .. .	94
Number of Provisional Licences issued .. .. .	8

Legal proceedings under this Act were taken against three individuals, the charge being "The slaughter of sheep otherwise than instantaneously by means of a mechanically operated instrument in proper repair or without prior stunning by means of a mechanically operated or electrical instrument."

Fines of £15 were imposed in each instance.

### *Merchandise Marks Act, 1926*

Several minor infringements of the above Act have been observed by the Meat and Food Inspectors, chiefly with regard to the identification of imported meat when exposed for sale.

Verbal warnings have been issued in each instance.

### *Pet Animals Act, 1951*

Number of pet shops licensed .. .. .	45
Number of visits to premises .. .. .	48

Each of these have been visited by a member of the Veterinary staff and in three cases where the standards of housing and exposure for sale of animals were unsatisfactory, the licences were withheld until the defects were remedied.

### *Diseases of Animals Act, 1950*

#### *Markets, Sales and Lairs Orders, 1925-27*

#### *Transit of Animals Orders, 1927-47*

These Orders are concerned with the observation of hygiene and humanity in the exposure for sale and transport of animals.

Number of visits made (including Mode Wheel) ..	56
---	----

### *The Meat (Staining and Sterilization) Regulations, 1960*

These Regulations came into operation on 1st November, 1960, and require that all meat which is unfit for human consumption shall be sterilized before it leaves a slaughterhouse, unless it is removed by arrangement with an authorized officer of a local authority, as provided in the regulations. The removal of meat from a knackers yard is prohibited until it is stained or sterilized.

### *Diseases of Animals (Waste Foods) Order, 1957*

This Order is primarily designed to prevent the spread of disease among animals by the consumption of infected food.

It requires the boiling of all food containing animal tissue in a plant which has been licensed by the Local Authority for this purpose. 43 licences for plants are in operation under this Order, and the plants concerned are regularly inspected.

## Notifiable diseases

### Anthrax

No cases of anthrax occurred. As part of the usual precautionary measures, however, where the cause of death appeared obscure, microscopical examinations were undertaken in respect of the following animals:—

Cattle .. .. .	9
Sheep .. .. .	55
Pigs .. .. .	43
Calves .. .. .	12

### Brucellosis

The Minister of Agriculture has given notice of the intention of the Government to offer free "vaccination" of female calves against "contagious abortion."

Such "vaccination" has been available in the past at the expense of the owner of the animals and has been performed by the veterinary staff when requested. The new policy may well lead to an increased utilization of this service.

### Foot and mouth disease

No outbreaks of foot and mouth disease occurred. On 25th November, however, as a result of the widespread distribution of the disease, certain parts of the North West of England were declared a "Controlled Area" in which the movement of cattle, sheep, goats and swine by rail or road was prohibited unless covered by a licence issued by the local authority at the destination.

The City of Manchester and the Borough of Stretford, in which are situated respectively the Manchester City Abattoir and the Manchester Cattle Market, came within the area, movement to both of which necessitated a licence.

Number of licences issued .. .. 786

Number of animals involved :—

Cattle .. .. .	7,458
Sheep .. .. .	33,437
Pigs .. .. .	1,637
Calves .. .. .	1,292

### Fowl pest

No cases of fowl pest occurred and, although an "Infected Area" was declared in the vicinity, the City was not involved.

### Fowl Pest Order, 1936

Restrictions under the above Order were served on the owner of one poultry farm.

*The Poultry Pens, Fittings and Receptacles (Disinfection) Order, 1952*

*The Poultry Premises and Vehicles (Disinfection) Order, 1956*

Notices of disinfection were served under the above Orders with respect to three premises.

*The Live Poultry (Restrictions) Order, 1957*

*The Live Poultry (Restrictions) Amendment Order, 1959*

391 licences were issued under the above Orders, involving the movement of 130,820 poultry for Jewish Ritual slaughter.

Number of visits to Jewish slaughterhouses, 278.

## Swine fever

### *The Swine Fever Order, 1938*

Five outbreaks of suspected swine fever were reported and investigated, post-mortem examinations being conducted in each instance. In three cases the existence of swine fever was confirmed.

The number of in-contact animals examined was 184.

### *The Swine Fever (Infected Areas Restrictions) Order, 1956*

#### *Special Order Number 5, 1960*

The above Order came into force on 7th July, 1960, and was revoked on 8th September, 1960, and involved the City of Manchester. The effect of the Order was to declare an "Infected Area" into, within or out of which the movement of pigs was prohibited unless accompanied by a licence issued by the local authority.

The number of licences issued was 122, and this involved the movement of 1,386 animals.

### *Regulation of Movement of Swine Orders, 1950-1959*

This Order requires that pigs, moved from a market to private premises, must be accompanied by a licence and detained at the premises for at least 28 days.

2,304 pigs were brought to premises in the City under this Order and there examined by the Veterinary staff.

## *Tuberculosis*

Bovine tuberculosis is now, for practical purposes, extinct in England and Wales, and in Scotland. The gradual establishment of attested herds throughout the country followed by the declaration of eradication areas has made possible legislation which may be summarized as follows—

1. The Tuberculosis (Scotland Attested Area) Order, 1959

This came into operation on the 1st October, 1959, and declared Scotland to be an "Attested Area."

2. The Tuberculosis (Central England Eradication Area) Order, 1960

This came into operation on 1st March, 1960, and declared certain of the midland counties, including the City of Manchester, to be an "Eradication Area."

3. Movement of Animals (Records) Order, 1960.

This came into operation on 1st March, 1960, and made it a legal obligation to record the movement of cattle, on to or off any premises, together with the date and details of their breed, sex, age and ear tags, this record having to be retained for a period of three years.

4. The Tuberculosis (England and Wales Attested Area) Order, 1960.

This came into operation on 1st October, 1960, and declared England and Wales an "Attested Area."



## Tuberculosis

On the introduction of the Tuberculosis (Central England Eradication Area) Order, 1960, on March 1st, cattle from Ireland, where the eradication of tuberculosis had not reached such an advanced stage, were only permitted subject to their being transported directly to the lairages at the City Abattoir and slaughtered within a period of six days.

In the beginning this did not present a very great problem, as the lairages at Mode Wheel Cattle Market and elsewhere, to which a large portion of these animals would previously have been consigned, were able to be utilized for other cattle.

As the season for Irish cattle approached, however, with the coming of autumn, the position became intolerable and gross overcrowding of the lairage available at the City Abattoir was envisaged. Several meetings with senior officials of the Ministry of Agriculture resulted in permission being accorded for the use of part of Mode Wheel as a lairage for these Irish cattle, which considerably eased the situation.

The present small incidence of tuberculosis in cattle as evinced by the condemnations at the City Abattoir occurs, almost exclusively, in Irish animals.

No cattle were slaughtered under the Tuberculosis Order of 1938, as being clinically affected cases.

TABLE E

Incidence of tuberculosis during 1951-60

Year	Cattle slaughtered at Abattoir	Condemned for tuberculosis		Percentage incidence	Pigs slaughtered at Abattoir	Condemned for tuberculosis		Percentage incidence
		Carcases	Part carcasses and organs			Carcases	Part carcasses and organs	
1951	80,852	1,345	14,020	19.0	6,403	26	724	11.75
1952	97,467	960	8,979	12.0	7,718	46	1,237	16.62
1953	68,400	597	8,590	13.4	17,466	49	1,753	10.32
1954	65,313	549	6,252	10.4	31,978	59	1,592	5.13
1955	72,278	477	4,548	6.95	48,034	36	1,135	2.44
1956	73,791	283	3,536	5.17	46,395	26	555	1.25
1957	77,832	200	3,357	4.57	33,259	13	398	1.23
1958	72,975	147	3,140	4.5	34,232	18	372	1.14
1959	72,364	152	2,855	4.15	28,310	12	284	1.04
1960	81,726	66	1,482	1.89	24,474	4	159	0.66

## Sheep Scab Order, 1938

No case of sheep scab occurred. The City of Manchester Sheep Dipping Regulations, 1960, made under the above Order, came into operation on 1st June, 1960, and required all sheep in the area between the first day of September and the fifteenth day of December in each year to be dipped.

# Analysis of information

Meat, fish, fruit, provision shops, etc.:—					
Visits made	..	..	..	..	2,033
Food preparation premises, including sausage, cooked meats and meat pie manufacturers, triperies and bacon smoking premises:—					
Visits made	..	..	..	..	466
Complaints and request inspections:—					
Visits made	..	..	..	..	173
Microscopic examinations	..	..	..	..	267
Certificates of condemnation issued	..	..	..	..	9,817
Education Committee canteens:—					
Visits made	..	..	..	..	536
Livestock market inspection:—					
Visits to Mode Wheel	..	..	..	..	52
Knackers premises:—					
Visits made	..	..	..	..	242
Animals inspected:—					
	Cattle	Sheep	Calves	Pigs	
	100	1,866	4	45	
Licences issued:—					
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